Zhu He.  (Requestor's Name)  1285 Sumer Lin Dr.  (Address)  (Address)  (Address)  Talla hassee, Fl. 32317.  (City/State/Zip/Phone #)  Email: frank@verygoodcpa.com.  [] PICK-UP [] WAIT [] MAIL  Eastern Restaurant INC.  (Business Entity Name)					
(Address)  Talla hassee, FL 32317.  (City/State/Zip/Phone #)  Email: frank@verjgoodcpay.com.  PICK-UP WAIT MAIL					
(Address)  Talla hassee, FL 32317.  (City/State/Zip/Phone #)  Email: frank@verjgoodcpa.com.  PICK-UP WAIT MAIL					
Talla hassee, FL 32317.  (City/State/Zip/Phone #)  Email: frank@verjgoodcpay.com.  PICK-UP WAIT MAIL					
Talla hassee, FL 32317.  (City/State/Zip/Phone #)  Email: frank@verjgoodcpay.com.  PICK-UP WAIT MAIL					
residurant inc.					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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Office Use Only



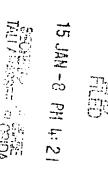
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DIVISION OF CERPORATIONS





ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE II PRINCIPAL OFFICE Principal street address  6615 MAHAN DR STE 108  TALLAHASSEE FL 32308  ARTICLE III PURPOSE The purpose for which the corporation is organized is:  ALL LEGAL BUSINESS  The number of shares of stock is:  ARTICLE IV SHARES  The number of shares of stock is:  ARTICLE IV INITIAL OFFICERS AND/OR DIRECTORS  Name and Title:  Address  Address:  Address:  Name and Title:  Address  Address:	The name of the corporation	n shall be: EASTERN RES	STAURAN	IT INC.			
ARTICLE IV SHARES The purpose for which the corporation is organized is:  ARTICLE IV SHARES The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title:  Address  Address  TALLAHASSEE FL 32317  Name and Title:  Address  Name and Title:  Address  Name and Title:	Pr	incipal street address	!	Mailing address, if	different i	s:	
ARTICLE IV SHARES The number of shares of stock is:  Name and Title:	TALLAHASS	EE FL 32308					
ARTICLE IV SHARES The number of shares of stock is:  Name and Title:  Address  TALLAHASSEE FL 32317  Name and Title:					3.1		7.7
ARTICLE IV SHARES The number of shares of stock is: 100  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: P Name and Title: Address: 1285 SUMERLIN DR  TALLAHASSEE FL 32317  Name and Title: Name and Title: Address: Address: Address: Address: Name and Title: N	ARTICLE III PURPO The purpose for which the	OSE corporation is organized is: ALL L	EGAL BU	SINESS	<u>n</u> 1.		5
Name and Title:   Name and Title:   Name and Title:   Address:			· <del>-</del>	·	剪的		
Name and Title:  Name and Title:  Address  P Name and Title:  Address:  1285 SUMERLIN DR TALLAHASSEE FL 32317  Name and Title:  Address:  Name and Title:				• · · · •			
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Name and Title:   Name and Title:   Name and Title:   Address:	ARTICLE IV SHAR	ES 100					
Name and Title:  Address  ZHU HE  1285 SUMERLIN DR  TALLAHASSEE FL 32317  Name and Title:  Address:  Address:  Name and Title:	The number of shares of sto	ck is:	<del></del>				
Address			<u>RS</u>				
1285 SUMERLIN DR	Name and Title:	, , , , , , , , , , , , , , , , , , ,	_ Name and Title:				
Name and Title:  Address  Name and Title:  Name and Title:  Name and Title:  Name and Title:	Address		<del></del>	<del></del>			
Name and Title:  Address  Address:  Name and Title:  Name and Title:  Name and Title:			<u>.</u>				
Address:  Address:  Name and Title:  Name and Title:	<u> </u>	ALLAHASSEE FL 32317	<del></del>				
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Name and Title: Name and Title:			<del></del>				
			<del>_</del> .				
Address: Address:							
	Address		_ Address:			-	

Name	and Title:Na	me and Title:
Addre	ess Ad	idress:
RTICLE VI	REGISTERED AGENT	
	Florida street address (P.O. Box NOT acceptable) of the	registered agent is:
Name:	FRANK RONG CPA	
Address:	3116 CAPITAL CIRCLE NE STE 3	~~
	TALLAHASSEE FL 32308	SSC JAN
RTICLE VI	II INCORPORATOR	
he <u>name and</u>	address of the Incorporator is:	
Name:	ZHU HE	
Address:	6615 MAHAN DR # 108	.5.11
	TALLAHASSEE FL 32308	
	named as registered agent to accept service of process for I am familiar with and accept the appointment as regimer	
	100	1/8/2015
	Required Signature/Registered Agent	Date
submit this d ocument to th	locument and affirm that the facts stated herein are true. ne Department of State constitutes a third degree felony as	I am aware that the false information submitted in provided for in s.817.155, F.S.
		1/8/2015