

P/5000002444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000267148990

01/12/15--01001--013 \*\*70.00

TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

2015 JAN -9 AM 4:06

2015 JAN -9 PM 6:13

2015 JAN -9 PM 6:13

K 01/09/15

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Sado Mori Japanese Steak House, Inc  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Jae H. Han  
Name (Printed or typed)  
2810-B Sharer Rd  
Address  
Tallahassee, FL 32312  
City, State & Zip  
(850) 386-8449  
Daytime Telephone number  
milee9067@yahoo.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

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

**ARTICLE I NAME**

The name of the corporation shall be: Sado Mori Japanese Steak House, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2810-8 Sharer Rd  
Tallahassee, FL 32312

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The Corporation is organized for the purpose of engaging  
in any or all activity or business permitted under the  
laws of the United States of America and the  
State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 500

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Jae Hoon Han, President

Name and Title: \_\_\_\_\_

Address 1950 N. Point Blvd APT 601  
Tallahassee, FL 32308

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

17/1/2019 15:11:13

15 JAN - 2 PM 1:13

APPROVED  
7/1/19

(cont.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:

Carolyn Hurst

Address:

92 Horseshoe Trail  
Crawfordville, FL 32327

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Jae Hoon Han

Address:

1950 N. Point Blvd APT 601  
Tallahassee FL 32308

15 JAN 15 PM 4:15  
TALLAHASSEE  
FL  
4000  
15

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Carolyn Hurst

Required Signature/Registered Agent

1/9/15

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

[Signature]

Required Signature/Incorporator

1/9/15

Date