P15000012459

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500269015745

02/02/15--01041--024 **78.00

02/02/15--01042--001 **1.00

A Sold



COVER LETTER

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

SUBJECT: SAF	PPORO OF CRE		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d 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 CO	PY REQUIRED
	366 LEYLAND		
		Address	· ·
C	RESTVIEW, FL		
	•	, State & Zip	
40	02-617-1521	,	
	Daytime 1	Telephone number	

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

E-mail address: (to be used for future annual report notification)

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

name of the corpor	Sapporo of Creation shall be:	·		•	
	INCIPAL OFFICE Principal street address Main Street	Mailing address, if different is: 450 North Main Stree		eet	
restview,	FI 32536	Cres	stview, F	1 32536	3
ETICLE III PUI	POSE the corporation is organized is:	urant			
				15	2015
				SSE	-2 - i
				25	<u>냥;</u> ઝુ: (
ETTCLE IV SH	ARES f stock is: 200				<u> </u>
TICLE V INI	tial officers and/or director e:John Jae Cho/Pres		In Jang	/ V-Pres	3
TICLE V INI	TIAL OFFICERS AND/OR DIRECTOR		4866 Le	/ V-Pres	s .n
Name and Titl Address	TIAL OFFICERS AND/OR DIRECTOR E. John Jae Cho/Pres 4866 Leyland Ln	Name and Title Address:	4866 Le	/ V-Preseyland L	.n 6
Name and Titl Address	TIAL OFFICERS AND/OR DIRECTOR John Jae Cho/Pres 4866 Leyland Ln Crestview, FL 32536	Name and Title Address: Name and Title	4866 Le	/ V-Preseyland L	s .n 6
Name and Title Address Name and Title Address	TIAL OFFICERS AND/OR DIRECTOR John Jae Cho/Pres 4866 Leyland Ln Crestview, FL 32536	Name and Title Address: Name and Title Address:	4866 Le	/ V-Preseyland L	6 - 6

Name and	i Title:	Name and Title:	
Address		Address:	· · · · · · · · · · · · · · · · · · ·
ARTICLE VI The name and Fl	<u>REGISTERED AGENT</u> orida street address (P.O. Box NOT acceptable) of John Jae Cho	the registered agent is:	
Address:	4866 Leyland Ln	_	
	Crestview, FL 32536	-	
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	John Jae Cho		
Address:	4866 Leyland Ln		
	Crestview, FL 32536		
	ned as registered agent to accept service of process im familiar with and accept the appointment as reg Required Signature/Registered Agent		
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon		
	Required Signature/Incorporator		1-28-15
	Required Signature/Incorporator		Date