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(Requestor's Name)				
(Ad	ldress)			
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
/D:	siness Entity Nan	na)		
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(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
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15 NOV -3 PM 2: 25

TO THE







COVER LETTER

15 NOV -3 PM 2: 25

SECRETARY OF STATE TALLAHASSEE FLORIDA

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

SUBJECT:	MID INC		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an	original and one (1) copy of the art	icles of incorporation and	d a check for:
■ \$70.0 Filing Fe	\$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
FROM:		e (Printed or typed)	
	3116 CAPITAL CIRCLE NE STE 3		
		Address	
	TALLAHASSEE, FL 32308		
	City	, State & Zip	
	8506684925		
	·	Telephone number	
	FRANK@VERYGOODCPA.COM		
	F-mail address: (to be use	d for future annual report	notification)

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



APPROVEL AND FILED

15 NOV -3 PH 2: 25

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

November 3, 2015

FRANK RONG CPA 3116 CAPITAL CIRCLE NE SUITE 3 TALLAHASSEE, FL 32308

SUBJECT: VIMID INC

Ref. Number: W15000072436

We have received your document for VIMID INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as incorporator in the document and the person signing as incorporator must be the same.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 215A00023254

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

ARTICLE I NAME The name of the corpora		15 NOV -3 PM 2: 25
ARTICLE II PRING	CIPAL OFFICE Principal <u>street</u> address	SECRETARY OF STATE Mailing address, TALLITER AND ISE FLORIDA
1779 CASSATT DR		
TALLAHASSEE FL 3	2317	
ARTICLE III PURP. The purpose for which	ose the corporation is organized is:	all legal and lawful business
ARTICLE IV SHAR The number of shares o ARTICLE V INITI Name and Title	f stock is: AL OFFICERS AND/OR DIRECTOR FENG CHEN	S Name and Title:
Address	1779 CASSATT DR	Address:
	TALLAHASSEE, FL 32317	
Name and Title	LIMING ZHENG	Name and Title:
Address	1779 CASSATT DR	Address:
	TALLAHASSEE, FL 32317	
Name and Title		Name and Title:
Address		Address:



Name a	nd Title:	Name and Title:	15 NOV -3 PM 2: 25 -
Addres	s	Address:	
			SECRETARITY OF STATE TALLAHASSEE, FLORI DA
ARTICLE VI	REGISTERED AGENT Storida street address (P.O. Box NOT accepta	hla) of the registered egent is	
Name:	FRANK RONG CPA	ole) of the registered agent is	•
	3116 CAPITAL CIRCLE NE STE 3	· -	
Address:	TALLAHASSEE, FL 32308		
			
ARTICLE VII	<u>INCORPORATOR</u>		
	address of the Incorporator is:		
Name:	FENG CHEN		
	1779 CASSATT DR	 .	
Address:	TALLAHASSEE FL 32317		
ARTICLE VIII	EFFECTIVE DATE:		
Effective date, i	f other than the date of filing:	(OPTIO	NAL)
(If an effective days after the f	date is listed, the date must be specific and (iling.)	cannot be more than five b	usiness days prior or 90 business
Note: If the dat	e inserted in this block does not meet the appli	cable statutory filing require	ements this date will not be listed as
	effective date on the Department of State's rec		month, and date will not be have as
Having heen no	med as registered agent to accept service of p	rocess for the above stated c	pornovation at the place decianated in
	am familiar with and accept the appointment		
	- m		11/3/15
	Required Signature/Registered Ager	ıt	Date
I submit this do	cument and affirm that the facts stated herei	n are true. I am aware that	the false information submitted in a
	Department of State constitutes a third degree		817.155, F.S.
	ning then F	eng Chen	11/3/15
Requ	ired Signature/Incorporator ()	1 - '	/ /Date