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NAME: ETERNAL CORPORATION

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COVER LETTER

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SUBJECT: ETE	RNAL CORPORATION			
30 5 5 6 6 1 1 1 1	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)	
Enclosed are an o	original and one (1) copy of the art	icles of incorporation and	d a check for:	
☐ \$70.00 Filing Fee	***************************************	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO	PY REQUIRED	
FROM:	CHONG YOU CHEN Name (Printed or typed)			
:	805 ANGELINA CT			
	Address			
	PORT ORANGE, FL 32127			
-	City, State & Zip			
	714-519-3700 EXT#102			
-	Daytime Telephone number			
1	n.zhao@enzaccounting.com			
_	E-mail address: (to be use	d 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)

<u>IRTICLE II PRI</u>	NCIPAL OFFICE Principal street address		Mailing address, if different is:
805 ANGELINA CT PORT ORANGE, FL 32127		2501 E. CHAPMAN AVE., #260	
		FULLE	FULLERTON, CA 92831
ARTICLE III PUI The purpose for which	RPOSE the corporation is organized is:	ERVICE RESTAUR	RANT
			16 16
			DEC 1
			29
The number of shares	of stock is:		Walkering W
he number of shares	of stock is: TIAL OFFICERS AND/OR DIRECTORS	Name and Titl	4
The number of shares ARTICLE V INI Name and 1	TIAL OFFICERS AND/OR DIRECTORS Title: CEO & DIRECTOR		4
he number of shares	TIAL OFFICERS AND/OR DIRECTORS Title: CEO & DIRECTOR	Name and Titl Address:	CHONG YOU CHEN
The number of shares ARTICLE V INI Name and 1	TIAL OFFICERS AND/OR DIRECTORS Title: CEO & DIRECTOR		CHONG YOU CHEN CFO & DIRECTOR
The number of shares INTICLE V INI Name and T Address	TIAL OFFICERS AND/OR DIRECTORS Title: CEO & DIRECTOR 805 ANGELINA CT PORT ORANGE, FL 32127	Address:	CHONG YOU CHEN CFO & DIRECTOR 805 ANGELINA CT PORT ORANGE, FL 32127 WENZHENG CHEN
The number of shares IRTICLE V INI Name and T Address Name and T	TIAL OFFICERS AND/OR DIRECTORS Title: CEO & DIRECTOR 805 ANGELINA CT PORT ORANGE, FL 32127	Address: Name and Titl	CHONG YOU CHEN CFO & DIRECTOR 805 ANGELINA CT PORT ORANGE, FL 32127 WENZHENG CHEN
Name and 3 Address	TIAL OFFICERS AND/OR DIRECTORS XU-HUI CHEN CEO & DIRECTOR 805 ANGELINA CT PORT ORANGE, FL 32127 Sitle: YUNQIU CHEN	Address:	e: CHONG YOU CHEN CFO & DIRECTOR 805 ANGELINA CT PORT ORANGE, FL 32127 e: WENZHENG CHEN
The number of shares ARTICLE V INI Name and T Address Name and T	TIAL OFFICERS AND/OR DIRECTORS XU-HUI CHEN CEO & DIRECTOR 805 ANGELINA CT PORT ORANGE, FL 32127 YUNQIU CHEN VICE PRESIDENT & DIRECTOR	Address: Name and Titl	CHONG YOU CHEN CFO & DIRECTOR 805 ANGELINA CT PORT ORANGE, FL 32127 WENZHENG CHEN SECRETARY & DIRECTOR
The number of shares IRTICLE V INI Name and T Address Name and T Address	TIAL OFFICERS AND/OR DIRECTORS Title: CEO & DIRECTOR 805 ANGELINA CT PORT ORANGE, FL 32127 YUNQIU CHEN VICE PRESIDENT & DIRECTOR 805 ANGELINA CT	Address: Name and Titl Address:	e: CHONG YOU CHEN CFO & DIRECTOR 805 ANGELINA CT PORT ORANGE, FL 32127 e: WENZHENG CHEN SECRETARY & DIRECTOR 805 ANGELINA CT PORT ORANGE, FL 32127

Name ar	nd Title:	Name and Title:
Address	s	Address:
	REGISTERED AGENT	
The name and F	<u>lorida street address</u> (P.O. Box NOT accepta CHONG YOU CHEN	ole) of the registered agent is:
Name:		
Address:	805 ANGELINA CT	<u></u>
	PORT ORANGE, FL 32127	
		200 (15)
ARTICLE VII	<u>INCORPORATOR</u>	
The name and a	ddress of the Incorporator is:	20 F
Name:	CHONG YOU CHEN	: '``
Address:	805 ANGELINA CT	
	PORT ORANGE, FL 32127	
Effective date, if	EFFECTIVE DATE: To other than the date of filing: date is listed, the date must be specific and	(OPTIONAL) cannot be more than five days prior or 90 days after the
	e inserted in this block does not meet the applieffective date on the Department of State's rec	cable statutory filing requirements, this date will not be listed as ords.
Having been nat this certificate, I	med as registered agent to accept service of p am familiar with and accept the appointment	rocess for the above stated corporation at the place designated in as registered agent and agree to act in this capacity
	1AN)	12/28/2016
	Required-Signature/Registered Ager	t Date
	cument and affirm that the facts stated herei Department of State constitutes a third degree	n are true. I am aware that the false information submitted in a Felony as provided for in s.817.155, F.S.
	(AAA)	12/28/2016
Requ	ired Signature/Incorporator	Date