

P170000025045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

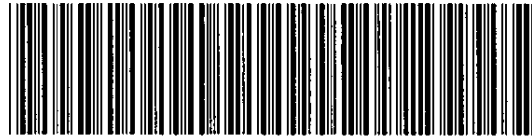
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



200296799802

03/20/17--01005--003 **70.00

FILED
SECRETARY OF STATE
DEPT. OF CORPORATIONS
17 MAR 20 AM 9:13

RECEIVED
2017 MAR 20 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: LONG GARDEN OF TALLAHASSEE 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: LONG, JIANG

Name (Printed or typed)

800 OCALA ROAD SUITE 420

Address

TALLAHASSEE, FL 32304

City, State & Zip

(850)668-4925

Daytime Telephone number

CHARLIE@VERYGOODCPA.COM

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

RECEIVED
2017 MAR 20 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

17 MAR 20 AM 9:13

ARTICLE I NAME

The name of the corporation shall be: LONG GARDEN OF TALLAHASSEE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
800 OCALA ROAD SUITE 420

TALLAHASSEE, FL 32304

Mailing address, if different is:
SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL LEGAL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LONG, JIANG CEO

Address 800 OCALA ROAD SUITE 420

TALLAHASSEE, FL 32304

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: FRANK RONG
Address: 3116 CAPITAL CIRCLE NE #3
TALLAHASSEE, FL 32308

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: LONG, JIANG
Address: 800 OCALA ROAD SUITE 420
TALLAHASSEE, FL 32304

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 MAR 20 AM 9:13

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/20/2017 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Required Signature/Registered Agent
03/20/2017
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.

Required Signature/Incorporator
03/20/2017
Date