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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Nai	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE BLLAHASSEC FLORIDA

2 04/26/17

COVER LETTER

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

SUBJECT:	(PROPOSED CORPORA	TANGHAI CO	R. P.
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	<u>UDE SUFFIX</u>)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	EUGENE S Nam	ADKo W SK 1 e (Printed or typed)	
	500 E. SA,	9NISH RIVE	A BLUD 13
	BOCA RATOR	1, FL 33 43/ State & Zip	
_	561 - 36. Daytime 7	9-1773 Telephone number	
	Z CAO @	D B6 2 (SOUTH 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)

	PRINCIPAL OFFICE Principal street address			Mailing address, if different is:		
Toth N.W	· 24 77	CT				
BOCA RAT	ON, FL	33431				
TICLE III PURPOS	<u>SE</u> e corporation is	s organized is:	UNCHASE	ANS	MANAG	S É
REAL E						
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·						17 APR
	<u> </u>				7.7.	-×ŏ <u>⊱</u>
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					SIAII	00 :11 HB
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TICLE IV SHARE number of shares of s	<u>'S</u> tock is:	500			AI E RIUA	00
number of shares of s	tock is:		25		A	•
number of shares of s	tock is:		RS Name and T	itle:	A	•
number of shares of s	tock is:		RS Name and To	itle:	A	•
number of shares of s	LOFFICERS	NC CAO-1	NES Name and To	itle:	A	•
number of shares of s	LOFFICERS		NES Name and To	itle:	A	•
number of shares of s TICLE V INITIAL Name and Title: Address	LOFFICERS	NG CAO-1 NG CAO-1 N. W. ZY THE RATUN, EL	NES Name and To		A	
Name and Title:	LOFFICERS	NG CAO-1 NG CAO-1 N. W. ZY TH RATUN, FL	Name and To Name and To Address: 33431 Name and To Name and N		A	
Name and Title:	LOFFICERS	NG CAO-1 NG CAO-1 N. W. ZY THE RATUN, EL	Name and To Name and To Address: 33431 Name and To Name and N	itle:	A	
Name and Title:	LOFFICERS	NG CAO-1 NG CAO-1 N. W. ZY TH RATUN, FL	Name and To Name and To Address: Name and To Name and To Address:	itle:	A	
Name and Title:	LOFFICERS	AND/OR DIRECTOR N. C. CAO - 1 N. W. ZY - 4 AATUN, FL	Name and To Name and To Address: Name and To Address: Address: Address:	itle:	A	
Name and Title: Address Name and Title: Address	LOFFICERS	NG CAO-1 N. W. ZY TH AATUN, FL	Name and To Name and To Address: Name and To Address: Address: Address:	itle:	A	
Name and Title: Address Name and Title: Address	LOFFICERS	NG CAO-1 N. W. ZY TH AATUN, FL	Name and To Name and To Address: Name and To Address: Name and To Address: Name and To Address:	itle:itle:	A	

Name and T	itle:	Name and Title:	
Address		Address:	
ARTICI E VI - RE	GISTERED AGENT		
	da street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	STEVE CHO		E.
Address:	STEVE CAO 5036 N.W. 24 TH CT BUCA RATION, FL 334		T7 AP
	BUCA RATION, FL 334	3/	R 24
ARTIÇLE VII IN	<u>CORPORATOR</u>		PILEO 17 APR 24 AM II: 00 Secretare of State Allahassee florioa
The name and addr	ess of the Incorporator is:		ORIC ORIC ORIC
Name:	EUGENE SASKOWSKI	- 4	A
Address:	500 E. SPANISH RIVER	BLVD TIS	
	EUGENE SASKOWSKI 500 E. SPANISH RIVER BOCA RATON, FL 334	<u>3)</u>	
ARTICLE VIII E) Effective date, if oth (If an effective date filing.)	FFECTIVE DATE: er than the date of filing: e is listed, the date must be specific and can	. (OPTIONAL) not be more than five days pr	ior or 90 days after the
	serted in this block does not meet the applicab ctive date on the Department of State's records		, this date will not be listed as
	as registered agent to accept service of proce familiar with and accept the appointment as r		
	in V.co		4/19/17
	Required Signature/Registered Agent		Date
	ent and affirm that the facts stated herein a partment of State constitutes a third degree fel		
5		ung superimongo ne mulitar	1
Required	Signature/Incorporator		4/19/17 Date
Required	7-5 main moorporator		

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