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(Re	equestor's Name)			
(Address)				
(Ad	dress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Do	ocument Number)	l		
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer:				
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Office Use Only

N. SAMS DEC 0 6 2017



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SEURETARY OF STATE
TALLAHASSEE, FEORE)

COVER LETTER

Department of State

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

SUBJECT:	ESTHER	CHIN. 1	INC	
50 B 3 B 3 11	(PROPO	SED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1)	copy of the arti	cles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	e of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status
			ADDITIONAL CO	DPY REQUIRED
	ESTHER	Name	(Printed or typed)	
	1166 6th	AL, AP	7:10	
		F	Address	
	tepo BEA	ctl, fc	32960	
	_	City, H - 0331	•	
			elephone number	
2	stherchi	n 12150	gnail. com	····
	E-mail add	dress: (to be used	i Yor tuture annual report i	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)

The name of the corpor	CIPAL OFFICE		
1166 6th p	Principal street address		Mailing address, if different is:
UPO BEAC	H, FC		
32960			
NRTICLE III PURA The purpose for which	POSE the corporation is organized is: _	carrelfant	
			TLAHA
	· · · · · · · · · · · · · · · · · · ·		Ø €
RTICLE IV SHAI he number of shares o	RES f stock is:	·	-4 PM 3:0
he number of shares o	f stock is:	CTORS Name and Title:	PH 3: 08
he number of shares on the number of shares on the number of share and Tit	f stock is: AL OFFICERS AND/OR DIRECT 166 CH NEL OFFI 166 CH NEL OFFI	Name and Title:	PH 3: 08
he number of shares on the number of shares on the number of share and Tit	f stock is: AL OFFICERS AND/OR DIRECT 166 CH NEL OFFI 166 CH NEL OFFI	Name and Title:	PH 3: 08
he number of shares of shares of shares of shares of share and Tit	AL OFFICERS AND/OR DIRECTOR CHILD	Name and Title:	PH 3: 08
The number of shares of the number of th	fstock is: 180 AL OFFICERS AND/OR DIRECTOR Ie: ESTMER CHIM 1666 614 AVE, APT VERO BETACH, FL 32960	Name and Title: Address:	PM 3: 08
The number of shares of the number of th	fstock is: 180 AL OFFICERS AND/OR DIRECTOR Ie: ESTMER CHIM 1666 614 AVE, APT VERO BETACH, FL 32960	Name and Title: Name and Title:	PH 3: 08
The number of shares of the number of shares of the Name and Tite Address Name and Tite Name and Ti	fstock is: AL OFFICERS AND/OR DIRECTOR Le: ESTIMER CHIN LIGG GIN AVE, APT LEPO BETACH, FL 32960	Name and Title: Name and Title:	PH 3: 08
Name and Tite Address Name and Tite Address	fstock is: AL OFFICERS AND/OR DIRECT LIE: ESTMER CHIN LIE66 GILL AVE, APT LEPO BETACH, FL 32960	Name and Title: Name and Title: Address: Name and Title: Address:	PH 3: 08
The number of shares of ARTICLE V INITI Name and Tit Address Name and Title Address	fstock is: AL OFFICERS AND/OR DIRECT LIE: ESTMER CHIN LIE66 GILL AVE, APT LEPO BETACH, FL 32960	Name and Title: Name and Title: Address: Address: Name and Title: Name and Title:	PM 3: 08

Name and	l Title:	Name and Title:	
Address		Address:	
ARTICLE VI 6	REGISTERED AGENT		
The name and Flo	orida street address (P.O. Box NOT acceptable) c		
Name:	ATHER CHIN		
Address:	166 6th MC, APT 10	_	
	166 6th ME, APT 10 WERD DEACH, FL 322	- 60	
		_	문화 '명
<u>ARTICLE VII I</u>	<u>INCORPORATOR</u>		E P
The name and add	dress of the Incorporator is:		PS 1
Name:	ESTHER CHIN 1166 6th AE, APT IT VERO BEACH, FL 329		F R
	VICE 64 AT APTIN	- 2	
Address:			章 (3: Cg (2: Cg)))))))))))))))))))))))))))))))) ()
	VERO BEHEN, FC 329	6 -0	
ARTICLE VIII Effective date, if c (If an effective da filing.)	EFFECTIVE DATE: other than the date of filing: tte is listed, the date must be specific and cannot	(OPTIONA to the more than five days	L) prior or 90 days after the
	inserted in this block does not meet the applicable fective date on the Department of State's records.		nts, this date will not be listed as
Having been nam this certificate, La	ned as registered agent to accept service of proces om familiar with and accept the appointment as re	ss for the above stated corp egistered agent and agree to	act in this capacity
	esther.		11/22/2017
	Required Signature/Registered Agent		Date
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felo		
	SUI.		11/22/2017
Requir	red Signature/Incorporator		Date