To: 18506176381 From: 14694451465 Date: 04/01/19 Time: 9:03 AM Page: 01/04

Division of Corporations

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(((H190001023503)))



H190001023503ABCV

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To:

3/27/2019

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I2018000011 : (844)386-0178 Fax Number : (214)317-4754

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please .

Email Address:__

** ** FLORIDA PROFIT/NON PROFIT CORPORATION PAPPE COMPANY INC.

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7-6381 3/28/2019 9:54:49 AM PAGE 1/001 Fax Server 850-617-6381

March 28, 2019

FLORIDA DEPARTMENT OF STATE

LEGALING CORPORATE SERVICES INC. Division of Corporations

SUBJECT: PAPPE COMPANY INC

REF: W19000031264

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.

http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abb reviations/

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New Filing Section.

FAX Aud. #: H19000102350 Letter Number: 519A00006156 To: 18506176381 From: 14694451465 Date: 04/01/19 Time: 9:03 AM Page: 03/04

(((H19000102350 3)))

ARTICLES OF INCORPORATION

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

	ration shall be: AFFE CONFAINT INC.		
	Principal street address	λ	Mailing address, if different is
SW <u>56 STREE</u> # 138	T		
II, FL 33175			
CLE III PUR	POSE ANY AND the corporation is organized is:	ALL LAWFULL E	BUSINESS
apose for which	The corporation is organized is.		
			·
			
TEH CHA	D.P.O.		
	Kr. Lanca Olive D. D.		
mber of shares	<u>RES</u> of stock is:		
mber of shares	of stock is:		
mider of shares	IAL OFFICERS AND/OR DIRECTORS		
mider of shares	IAL OFFICERS AND/OR DIRECTORS		
TLE V INIT	IAL OFFICERS AND/OR DIRECTORS tle: 13876 SW 56 STREET	_ Name and Title:	
LE V INIT	IAL OFFICERS AND/OR DIRECTORS IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	_ Name and Title:	
LE V INIT	IAL OFFICERS AND/OR DIRECTORS JOSE F. PAPPE- PRESIDENT 13876 SW 56 STREET SUITE # 138 MIAMI, FL 33175	_ Name and Title:	
LE V INIT	JOSE F. PAPPE- PRESIDENT 13876 SW 56 STREET SUITE # 138 MIAMI, FL 33175	_ Name and Title:	
LE V INIT	IAL OFFICERS AND/OR DIRECTORS Ide: JOSE F. PAPPE- PRESIDENT 13876 SW 56 STREET SUITE # 138 MIAMI, FL 33175 SABY S. CHIANG -VICE PRESIDENT	Name and Title: Address:	
TLE V INIT Name and Ti Address	IAL OFFICERS AND/OR DIRECTORS JOSE F. PAPPE- PRESIDENT 13876 SW 56 STREET SUITE # 138 MIAMI, FL 33175 LSABY S. CHIANG -VICE PRESIDENT 13876 SW 56 STREET	Name and Title: Address:	
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Name and Tit	IAL OFFICERS AND/OR DIRECTORS Ide: JOSE F. PAPPE- PRESIDENT 13876 SW 56 STREET SUITE # 138 MIAMI, FL 33175 Ide: SABY S. CHIANG -VICE PRESIDENT 13876 SW 56 STREET SUITE # 138	Name and Title: Address: Name and Title:	
Name and Tit	IAL OFFICERS AND/OR DIRECTORS Ide: 13876 SW 56 STREET SUITE # 138 MIAMI, FL 33175 Ide: SABY S. CHIANG -VICE PRESIDENT 13876 SW 56 STREET	Name and Title: Address: Name and Title:	
Name and Tit Address Name and Tit Address	IAL OFFICERS AND/OR DIRECTORS JOSE F. PAPPE- PRESIDENT 13876 SW 56 STREET SUITE # 138 MIAMI, FL 33175 Le: 13876 SW 56 STREET SUITE # 138 MIAMI, FL 33175 JOSE M. CHIANG-DIRECTOR	Name and Title: Address: Name and Title: Address:	
Name and Tit Address Name and Tit Address	IAL OFFICERS AND/OR DIRECTORS Ide: JOSE F. PAPPE- PRESIDENT 13876 SW 56 STREET SUITE # 138 MIAMI, FL 33175 13876 SW 56 STREET 13876 SW 56 STREET SUITE # 138 MIAMI, FL 33175 MIAMI, FL 33175	Name and Title: Address: Name and Title: Address: Name and Title: Name and Title:	
Name and Tit Address Name and Tit Address	IAL OFFICERS AND/OR DIRECTORS Ide: JOSE F. PAPPE- PRESIDENT 13876 SW 56 STREET SUITE # 138 MIAMI, FL 33175 13876 SW 56 STREET SUITE # 138 MIAMI, FL 33175 AUGUST # 138 MIAMI, FL 33175 DOSE M. CHIANG-DIRECTOR 13876 SW 56 STREET	Name and Title: Address: Name and Title: Address:	
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Name and	o Title:	Name and Title:
Address		
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eTICLE VI	REGISTERED AGENT hardwatreet address (P.O. Box NOT acceptable) of	False and a second and a second
lame;	Saby S. Chiang	the tekpleted affett iz:
(ddress;	13876 SW 56 Street Suite # 138	
	Miami, FL 33175	
RTICLE YU	INCORPORATOR	
he pame and :	eddress of the Incorporator is	
Name.	JOSE F. PAPPE	
Address:	13876 SW 56 Street Suite # 138	
	Misseni, FL 33175	
Trective care	if other than the date of filing: 03/26/2019 edate is listed, the date must be specific and cannot	(OPTIONAL) If he more than five days prior or 90 days after the
Note: If the da		
Taving been n his certificute,	iamed as registered agent to augept service of proces I am familiar with and acceptine appointment as re	is for the above stated corporation at the place designated gistered agent and agree to act in this capacity
	Required Signature Registered Agent	03/26/2019
بالشاراء والمستأمان		Date
ocument to th	ocument and affirm that the facts stated herein and Department of State constitutes a third degree felo	e true. I am aware that the false information submitted in try as provided for in 2817,155. F.S
	1-1- para	