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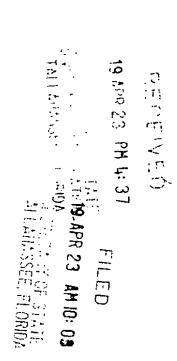
(Req	uestor's Name)			
(Add	ress)			
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(City.	/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	iness Entity Nan	ne)		
(Doc	ument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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QK.

3/20/2019

SAKURA HC INC

Doc. No. P17000003091

To whom it may concern,

We are no longer expect to use this company again

Sincerely

Ting Ting Lin

Time Timplow

COVER LETTER

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

SUBJECT: SAKUR	RA HC INC		
30B3EC1	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation an	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL COPY REQUIRE	
FROM:	NGTING LIN	e (Printed or typed)	
131	8 N MONROE ST		
		Address	
TAI	LAHASSEE, FL 32303		
	City.	State & Zip	
850	-222-9991		
	Daytime T	elephone number	
tara	@verygoodcpa.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)

RTICLE II PRIN	CIPAL OFFICE		
	Principal street address	Mailing :	address, if different is:
1318 N MONROE STREET TALLAHASSEE, FL 32303		1318 N MONROE STREET	
		TALLAHASSEE	, FL 32303
RTICLE III PURP e purpose for which	the corporation is organized is:	ND ALL LAWFUL BUSINES	S
			
RTICLE IV SHAR e number of shares o	<u>RES</u> 100 f stock is:		
RTICLE IV SHAR e number of shares o	fatook lar		
e number of shares o	f stock is: AL OFFICERS AND/OR DIRECTOR.		
e number of shares o	f stock is: AL OFFICERS AND/OR DIRECTOR: 1e: TINGTING LIN (P)		
e number of shares o	f stock is: AL OFFICERS AND/OR DIRECTOR.	<u> </u>	
e number of shares o RTICLE V INITI Name and Tit	f stock is: AL OFFICERS AND/OR DIRECTOR: 1e: TINGTING LIN (P)	Name and Title:	
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Name and	Title:	Name and Title:
Address		Address:
	EGISTERED AGENT rida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	FRANK RONG, CPA LLC	
Address:	3116 CAPITAL CIRCLE N.E., #3	_
	TALLAHASSEE, FL 32308	
ARTICLE VII I	NCORPORATOR	
The <u>name and add</u>	dress of the Incorporator is: TINGTING LIN	
Address:	1318 N MONROE STREET	_
Address:	TALLAHASSEE, FL 32303	-
Effective date, if o (If an effective da filing.) Note: If the date i		(OPTIONAL) not be more than five days prior or 90 days after the le statutory filing requirements, this date will not be listed as
Having been name this certificate, I an	ed as registered agent to accept service of proce in familiar with and accept the appointment as r Required Signature/Registered Agent	ess for the above stated corporation at the place designated in egistered agent and agree to act in this capacity.
document to the D	ment and affirm that the facts stated herein ar epartment of State constitutes a third degree felo	re true. I am aware that the false information semitted in a ony as provided for in s.817.155, F.S.
Require	ed Signature/incorporator	$3/\omega/s$