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(Requestor's I	Name)
(Address)	
(Address)	
, ,	
(City/State/Zip	(Phone #)
(Oity/Otate/2ip	n none #;
PICK-UP W	AIT MAIL
(Business En	tity Name)
(Document N	umber)
·	·
Certified Copies Cert	tificates of Status
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Special Instructions to Filing Office	er:
	

Office Use Only



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Incorporating Services, Ltd.

incserv

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com 850-245-6051 FROM Melissa Moreau

mmoreau@incserv.com

850.656.7953

REQUEST DATE 3/26/2021

PRIORITY Regular Approval

OUR REF # (Order ID#) 903568

ORDER ENTITY_

SHUAI ZHANG TENNIS, INC.

PLEASE PERFORM THE FOLLOWING SERVICES: SHUAI ZHANG TENNIS, INC. (FL)		
New corp filing		
NOTES:	 ;	
\$70.00 Authorized		
Email address for annual report reminders: corp2@servico.com		
RETURN/FORWARDING INSTRUCTIONS:		

Please bill the above referenced account for this order.

ACCOUNT NUMBER: I20050000052

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Friday, March 26, 2021 Page 1 of 1

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

ARTICLE I NAME The name of the corporat	tion shall be: SHUAI ZHANG TENNIS, I	NC.		
	CIPAL OFFICE Principal <u>street</u> address		ddress, if different is:	_
3101 LAKE PINE WAY H3				
TARPON SPRINGS, FL 34686				
	<u>2SE</u> he corporation is organized is: ANY LEC	GAL AND LAWFUL B	USINESS	
				2021
			-	
				\ \
ARTICLE IV SHAR	ES at at in 60			مد ص
The humber of shares of	200CK 15.	_ 	2	:01 163
ARTICLE V INITIA	L OFFICERS AND/OR DIRECTORS		- 1	\sim
Name and Title	:: SHUAI ZHANG, PRESIDENT	Name and Title:		N)
Address	C/O CITRIN COOPERMAN	4.1 1		
	529 FIFTH AVENUE			
	NEW YORK, NY 10017			
Name and Title:		Name and Title:		
Address		Address:		
				
Name and Title:		Name and Title:		
Address		_ Address:		
				

	a title:	Name and Title:
Address		Address:
	.	
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	SHUAI ZHANG	
Address:	3101 LAKE PINE WAY H3	
	TARPON SPRINGS, FL 34688	<u> </u>
ARTICLE VII	<u>INCORPORATOR</u>	
The name and ac	dress of the Incorporator is:	
Name:	SCOTT J. SCHUSTER	
Address:	283 WASHINGTON AVENUE	
	ALBANY, NY 12206	
ARTICLE VIII	EFFECTIVE DATE:	
Effective date, it (If an effective d filing.)	other than the date of filing:ate is listed, the date must be specific and can	
	inserted in this block does not meet the applicate fective date on the Department of State's record	ole statutory filing requirements, this date will not be listed as
Having been nam certificate, I om fi	ned as registered agent to accept service of process amiliar with and accept the appointment as regis	s for the above stated corporation at the place designated in this tered agent and agree to act in this capacity
	i Zhana Required Signature/Registered Agent	3/16/2021
Shua		D.A.
Shua	Réquired Signature/Registered Agent	Date
I submit this doc		re true. I am aware that the false information submitted in a