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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

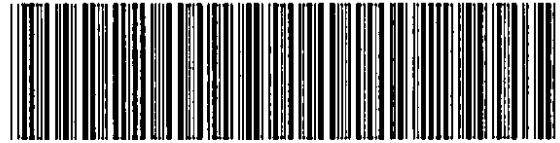
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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7/7/21

## COVER LETTER

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

SUBJECT: America China Teammates, INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee  
☒ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: Robert G. Giddens  
Name (Printed or typed)

9 Stone Gate N  
Address

Longwood, FL 32779  
City, State & Zip

407-739-4143  
Daytime Telephone number

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: America China Teammates, INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

9 Stone Gate N  
Longwood FL 32779

Mailing address, if different is:

9 Stone Gate N  
Longwood FL 32779

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To buy, sell, trade  
imports and property.

ARTICLE IV SHARES

The number of shares of stock is: 2 Billion Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: President

Name and Title: \_\_\_\_\_

Address

Robert G. Giddens  
9 Stone Gate N  
Longwood FL 32779

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Robert G. Giddens  
Address: 9 Stone Gate N  
Longwood, FL 32779

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Robert G. Giddens  
Address: 9 Stone Gate N  
Longwood FL 32779

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: July 9, 2021 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Robert M. Giddens  
Required Signature/Registered Agent

7-1-2021  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Robert M. Giddens  
Required Signature/Incorporator

7-1-2021  
Date