

P22 0000 25013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

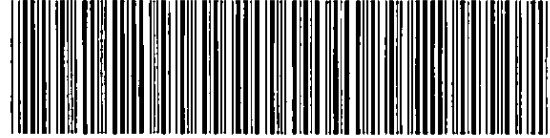
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2022 MAR 31 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FL

2022 MAR 31 PM 2:56

Incorporating Services, Ltd.

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 3/31/2022

PRIORITY Regular Approval

OUR REF.# (Order ID#) 1022990

ORDER ENTITY

TROPICAL SKY CAPITAL VENTURES INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

TROPICAL SKY CAPITAL VENTURES INC. (FL)

New corp filing

NOTES:

\$70.00 Authorized

Email address for annual report reminders: jay.zhang@usa-corporate.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

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

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written over a horizontal line.

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.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 1, 2022

INCSERV

SUBJECT: TROPICAL SKY CAPITAL VENTURES INC.
Ref. Number: W22000042638

We have received your document for TROPICAL SKY CAPITAL VENTURES INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 222A00007673

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

FILED

ARTICLE I NAME

The name of the corporation shall be: TROPICAL SKY CAPITAL VENTURES INC.

2022 MAR 31 PM 4:56

ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE
TALLAHASSEE, FL

Unit 1112-7975 Canada Ave

Orlando, FL 32819

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful act or activity

ARTICLE IV SHARES

The number of shares of stock is: 1000 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Christopher Francis Wigmore, President

Name and Title:

Address Unit 212-80 Aspen Springs Drive

Address:

Bowmanville, ON L1C0V4

Canada

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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: Incorporating Services, Ltd.

Address: 1540 Glenway Drive

Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

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

Name: Jiayu Zhang

Address: 19 W 34th St Ste 1018

New York, NY 10001

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SECRETARY OF STATE
TALLAHASSEE, FL

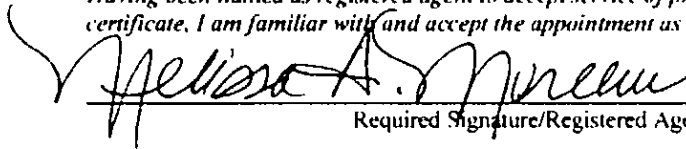
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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



Required Signature/Registered Agent

3/31/22
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.

/s/ Jiayu Zhang

Required Signature/Incorporator

3/30/22
Date