

P22000050152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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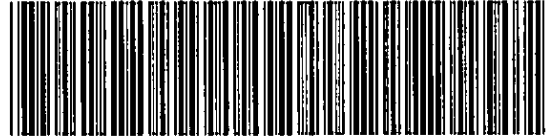
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. O'KEEFE

JUN 20 2022

COVER LETTER

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

SUBJECT: Hunyuan Group Inc domestication in Florida

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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From: Yaron Seidman

Name (printed or typed)

296 Compo Rd S

Address

Westport, CT 06880

City, State & Zip

203-702-3450

Daytime Telephone Number

drseidman@hunyuan.org

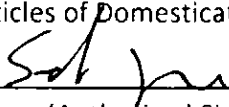
E-mail address: (to be used for future annual report notification)

Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, Yaron Seidman, president
(Name) (Title)
of Hunyuan Group Inc, a foreign
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of
Domestication.

1. Then name of the domesticating corporation is Hunyuan Group Inc
(Foreign Corporation)
2. The jurisdiction and date of its formation is Connecticut 1/9/2004
3. The name of the domesticated corporation is Hunyuan Group Inc
4. The jurisdiction of formation of the domesticated corporation is **Florida**
5. The domestication corporation is a foreign corporation and the domestication was
approved in accordance with its organic law.
6. Attached are Florida Articles of Incorporation to complete the domestication
requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.


(Authorized Signature)

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TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Hunyuan Group Inc

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

Principal Address

7945 Travelers Tree Dr

Boca Raton, FL 33433

Mailing Address

7945 Travelers Tree Dr

Boca Raton, FL 33433

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Acupuncture and holistic medicine

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 1500

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

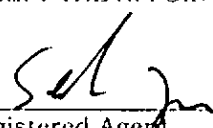
THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Yaron Seidman

7945 Travelers Tree Dr

Boca Raton, FL 33433

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.


Signature/Registered Agent

5/18/2022

Date

ARTICLE V DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Name & Title: Yaron Seidman president
Address: 7945 Travelers Tree Dr
Boca Raton, FL 33433

Name & Title: Yaron Seidman treasurer
Address: 7945 Travelers Tree Dr
Boca Raton, FL 33433

Name & Title: _____
Address: _____

Name & Title: _____
Address: _____

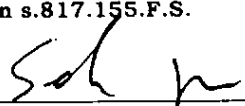
Name & Title: Yaron Seidman Secretary
Address: 7945 Travelers Tree Dr
Boca Raton, FL 33433

Name & Title: _____
Address: _____

Name & Title: _____
Address: _____

Name & Title: _____
Address: _____

I submit this document and affirm that the facts stated herein are true. I am aware that 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.



Signature/Authorized Person

5/18/22

Date

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