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TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624 PLEASE USE FUND FROM THE ACCOUNT: 120210000160 AMOUNT: \$78.75 James Fulle Authorization Signature: ___ More Than Wings, Inc BUSINESS **DOCUMENT #** Pick up time_____ Walk in Will wait Mail out Photocopy **Certified Copy of Articles of Incorporation** X Certificate of Status **NEW FILINGS AMMENDMENTS** Profit Amendment Resignation of R.A. Officer/Director Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other X CORP Conversion REGISTERATION/QUALIFICATIONS **OTHER FILINGS** Foreign filing Annual Report ___Limited Partnership Reinstatement Fictitious Name Other APOSTILLE () ___ Country

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

EXAMINER'S INITIALS:_____

COVER LETTER

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

SUBJECT: More than Wings In C (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed arc 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 ADDITIONAL CO	& Certificate of Status	
FROM: Glin'a Guo CPA Name (Printed or typed)				
8755 Caraway Lake CT				
Bynton Beach FL33473 City, State & Zip				
Daytime Telephone number				
Ge-mail address (to be used 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)

ARTICLE I NAME The name of the corporation	on shall be:	More	Chan	Wings	Inc	
ARTICLEJI PRINCI 2603 N D	PAL OFFICE Principal street address	JY		Mailing address, if	different is:	
wilten Ma	ours, Fi	-33334				
ARTICLE III PURPO. The purpose for which th		_	ises			
					7072 JU	neren
					JUN 22 T	
ARTICLE IV SHARE The number of shares of s	tock is:	,000			PH 3: 32	C
ARTICLE V INITIAL	L OFFICERS AND/OR	R DIRECTORS	Press de Name and Title	nt		
Name and Title:	Chia HS 2603 N Wilten M	Dixte	_ Address:	:		— —
		10/2/0	-			_
Name and Title:			_ Name and Title	:		
Address						
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Name and Title:			_ Name and Title	:		
Address						

Name and Title:	Name and Title:
Address	Address:
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ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable	
Name: <u>Chia HSin</u> , U	<u>Je</u> c
Address: 2603 N Dixie	_HWI
Wilton Manor	S FL33334
ARTICLE VII INCORPORATOR	2022 JUN 22 SECRETARY
The name and address of the Incorporator is:	0 / AH
Name: Chia Hsin W	SSC TO TO
Address: $2603 N D \dot{x}$	ec 10 HWT 333334 PE 33
Wilton Man	1e HWT 333334 PB 3:32
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ARTICLE VIII EFFECTIVE DATE:	COPTIONAL
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and ca filing.)	nnot be more than five days prior or 90 days after the
Note: If the date inserted in this block does not meet the applied the document's effective date on the Department of State's record	able statutory filing requirements, this date will not be listed as rds.
,	
Having been named as registered agent to accept service of proce certificate, I am familiar with and accept the appointment as regi	ess for the above stated corporation at the place designated in this
,	
chia Hoin We	$\frac{6/21/202}{6}$
Required Signature/Registered Agent	the state of the company and the state of th
I submit this document and affirm that the facts stated herein document to the Department of State constitutes a third degree for	Alanan an amendad Comba o 017 155 E C
Required Signature Ancorporator	Date 6/21/2022
Required Signature/Incorporator	Date