

P22000053348

(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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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-624

PLEASE USE FUNDS FROM THE ACCOUNT: 120210000160 AMOUNT: 70.00

AUTHORIZED SIGNATURE *L. Sullivan*

SUNSHINE CHINESE RESTAURANT, INC

BUSINESS

DOCUMENT #

Walk in

Pick up time

Mail out

Will wait

Photocopy

Certified Copy of Articles

Certificate of Status

**NEW FILINGS**

**AMMENDMENTS**

Profit

Amendment

Not for Profit

Resignation of R.A. Officer/Director

Limited Liability

Change of Registered Agent

Domestication

Dissolution/Withdrawal

Other

Merger

CORP

Conversion

Revocation

**OTHER FILINGS**

**REGISTRATION/QUALIFICATIONS**

Annual Report

Foreign filing

Fictitious Name

Limited Partnership

Reinstatement

APOSTILLE ( )  
Country

Other

EXAMINER'S INITIALS: \_\_\_\_\_

DEPARTMENT OF STATE  
DIVISION OF CORPORATE  
AND BUSINESS SERVICES

2022 JUL -1 AM 4:08

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COVER LETTER

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

SUBJECT: Sunshine Chinese Restaurant 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: Gloria Guo CPA  
Name (Printed or typed)

8755 Caraway Lake CT  
Address

Boynton Beach, FL 33473  
City, State & Zip

561-386-8212  
Daytime Telephone number

gloriaguocpa@gmail.com  
Email address: (to be used for future annual report notification)

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

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32314

2022 JUL -1 AM 4:09

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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: Sunshine Chinese Restaurant Inc

ARTICLE II PRINCIPAL OFFICE

2525 Military Trail #102  
Jupiter, FL 33458

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All Legal Purposes

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ting Ting Li President Name and Title: \_\_\_\_\_

Address: 2525 Military Trail #102 Address: \_\_\_\_\_  
Jupiter, FL 33458

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

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

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

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

FILED  
2022 JUL - 1 AM 4:09  
OFFICE OF THE  
CLERK OF THE  
STATE OF FLORIDA  
TALLAHASSEE, FL

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: Ting Ting Li  
Address: 2525 Military Trail #102  
Jupiter, FL 33458

**ARTICLE VII INCORPORATOR**

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

Name: Ting Ting Li  
Address: 2525 Military Trail #102  
Jupiter, FL 33458

**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*

*my rj*

Required Signature/Registered Agent

7/1/22

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.*

*my rj*

Required Signature/Incorporator

Date

FILED  
2022 JUL - 1 AM 4:09  
DEPARTMENT OF STATE  
CORPORATION  
TALLAHASSEE, FL 32399