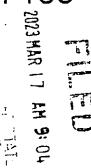
P23000020256

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(240,000 2,000,000,000,000,000,000,000,000,
(Document Number)
Certified Copies Certificates of Status
Consider the String Officer
Special Instructions to Filing Officer:

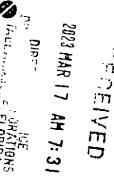
Office Use Only



500403557165



03/17/23--01001--010 **247.50



COVER LETTER

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

SUBJECT:	J&C OCT FOOD INC				
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:		
፟፟\$\$70.00	□ \$78.75	□ \$78.75	□ \$87.50		
	Filing Fee	Filing Fee	Filing Fee.		
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of		
		ADDITIONAL CO	Status DPY REQUIRED		
FROM:	Z&Y ACCOUNTING	G SERVICE INC			
I ROW.	Name (Printed or typed)				
	136-21 ROOSEVELT AVE STE 307				
		Address			
	Address				
	FLUSHING, NY 11354				
	City	. State & Zip	·		
	718-503-1556				
_	Daytime Telephone number				
	ZYACCOUNTINGNYCPA@HOTMAIL.COM				
	E-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 1 No.	AME rporation shall be:	J&C OCT FOOD	INC		_
15501 AVI	RINCIPAL OFFICE Principal street addr E OF THE ARBORS GARDEN, FL 34787	ess	-	Mailing address, if different is:	
ARTICLE III PO	URPOSE nich the corporation is org	ganized is: FOOD	SERVICE BUSINE	ESS	
				2023 HAR	
ARTICLE V IN	res of stock is: 200 VITIAL OFFICERS AND	<i>OR DIRECTORS</i> ANG PRESIDENT	Name and Title:	17 AM 69: 5	
Address	15501 AVE O	F THE ARBORS RDEN, FL 34787	Address:		
Name and Address			Address:		
Name and Address	Title:		Name and Title:		
			_		

Name and	Title:	Name and Title:	
Address		Address:	
		_	
	<u>EGISTERED AGENT</u> rida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	CHI LUNG TANG		
Address:	15501 AVE OF THE ARBORS		
	WINTER GARDEN, FL 34787		
		2	
<u>ARTICLE VII - II</u>	NCORPORATOR	2023 MAR 17	
The <u>name and add</u>	Iress of the Incorporator is:	AR	
Name:	CHI LUNG TANG		
Address:	15501 AVE OF THE ARBORS	- 1 6 6 - X	
	WINTER GARDEN, FL 34787		
ARTICLE VIII I	EFFECTIVE DATE:	VODENOMALA	
(If an effective da filing.)	ther than the date of filing:te is listed, the date must be specific and can	not be more than five days prior or 90 days after the	
	nserted in this block does not meet the applical ective date on the Department of State's record	ole statutory filing requirements, this date will not be listeds.	ed as
	nd as registered agent to accept service of proces miliar with and accept file appointment as regis	s for the above stated corporation at the place designated tered agent and agree to act in this capacity	in this
	Required Signature/Registered Agent	 Date	
I submit this docu	ment and affirm that the batis stated herein a	re true. I am aware that the false information submitte	rd in o
	epartment of State dovestitutes a third degree fel		,,, 16
Required Signature	e/Incorporator	Date	