# P23000032696

(Requestor's Name)
(Address)
( (ddress)
(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



900405823729

S. CHATHAM

APR 25 2023

023 APR 25 PH 4: 32

ALLAHASSEE. FLOR

RECEIVED

## CORPORATE

When you need ACCESS to the world

ACCESS,

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

### **WALK IN**

		PICK	UP:	Cat 4/25			
		CERTIFIED COPY					
	XX	РНОТОСОРУ				( to 1 o	True N
	$   \!$	CUS	GS			(to be Apo	shiled)
	XX	FILING	INC		•		
1.		JUNG HOLDING CORP	•				
		(CORPORATE NAME AND DOCUM			, ct		
2.				File	\3		
		(CORPORATE NAME AND DOCUM	ENT #)	1			
3.							
		(CORPORATE NAME AND DOCUM	IENT #)				
4.		CONDONATE NAME AND DOCUM	IPSTE #\				
		(CORPORATÉ NAME AND DOCUM	innt#)				
5.		(CORPORATE NAME AND DOCUM	IENT #)				
		(CORTORATE WARM AND DOCOR					
6.		(CORPORATE NAME AND DOCUM	IENT #)				
	ECIA STRU	AL JCTIONS:					
				<del></del>			

#### **COVER LETTER**

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

SUBJECT: Jung Holding Corp		
(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the art	icles of incorporation and	l a check for:
☐ \$70.00 ☐ \$78.75  Filing Fee Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50  Filing Fee,  Certified Copy  & Certificate of  Status
	ADDITIONAL CO	
FROM: Registered Agent	Solutions, Inc	· ·

Name (Printed or typed)

5301 Southwest Pkwy., Suite 400

Address

Austin, TX 78735

City, State & Zip

888-705-7274

Daytime Telephone number

orders@rasi.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)

is:
-21
2023,
APR T
201
7
1
<u> </u>
<b></b>

Name and	Title:	Name and Title:
Address		Address:
ARTICI F VI R	EGISTERED AGENT	
	rida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Registered Agent Solutions, Inc.	s 2
Address:	155 Office Plaza Dr., Suite A	2023 APR
	Tallahassee, FL 32301	
ARTICLE VII I	NCORPORATO <u>R</u>	
The name and add	lress of the Incorporator is:	면 나: 3 전 기타기
Name:	Mica Smith	75
Address:	500 Westover Dr #16113	
	Sanford, NC 27330	· -
Effective date, if o (If an effective da filing.)  Note: If the date i the document's eff	nserted in this block does not meet the applicable ective date on the Department of State's records.	t be more than five days prior or 90 days after t statutory filing requirements, this date will not be be or the above stated corporation at the place designate
	niliar with and accept the appointment as register	
	Adam Saldana, Asst. Sed	retary 4/24/2023
	Required Signature/Registered Agent	Date
I submit this docu document to the Do	ment and affirm that the facts stated herein are epartment of State constitutes a third degree felony	true. I am aware that the false information submi
Mica Smit		04-21-202
Required Signature		Date

· . · . .