

p24000059640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

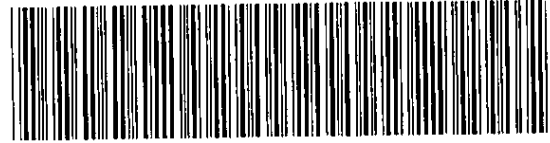
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



700431827927

2024 SEP 19 AM 9:47  
TALLAHASSEE, FL  
STATE

FILED

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

Please use funds from the account I20210000160: \_\$70.00\_\_\_\_\_

Authorization Signature: *[Signature]*

Vector Mind Inc.

Business

Document #

     Walk in

     Will wait

     Certified Copy of the

     Certificate of Status

**NEW FILINGS**

     Profit  
     Not for Profit  
     Limited Liability  
     Domestication  
  X   INC  
     CORP  
     OTHER

**AMENDMENTS**

     Amendment  
     Resignation of R.A. Officer/Director  
     Change of Registered Agent  
     Dissolution/Withdrawal  
     Conversion  
     Statement of Correction.  
     Merger

**OTHER FILINGS**

     Annual Report  
     Fictitious Name  
     Statement of Authority  
     APOSTIL \_\_\_\_\_  
                    COUNTRY

**REGISTRATION/QUALIFICATIONS**

     Foreign Filing  
     Partnership  
     Reinstatement  
     CORRECTION for a Foreign LLC  
     Domestication of a Foreign Corp.  
\_\_\_\_\_ Other

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

2024 SEP 19 AM 9:47

TALLAHASSEE, FL

FILED

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

Please use funds from the account I20210000160: \_\$70.00\_

Authorization Signature: [Signature]

Vector Mind Inc.

Business

Document #

    Walk in

    Will wait

    Certified Copy of the

    Certificate of Status

**NEW FILINGS**

    Profit  
    Not for Profit  
    Limited Liability  
    Domestication  
  X   INC  
    CORP  
    OTHER

**AMENDMENTS**

    Amendment  
    Resignation of R.A. Officer/Director  
    Change of Registered Agent  
    Dissolution/Withdrawal  
    Conversion  
    Statement of Correction  
    Merger

FILED  
2024 SEP 19 AM 9:47  
TALLAHASSEE, FLORIDA  
CLERK OF COURT

**OTHER FILINGS**

    Annual Report  
    Fictitious Name  
    Statement of Authority  
    APOSTIL \_\_\_\_\_

COUNTRY

**REGISTRATION/QUALIFICATIONS**

    Foreign Filing  
    Partnership  
    Reinstatement  
    CORRECTION for a Foreign LLC  
    Domestication of a Foreign Corp.  
    \_\_\_\_\_ Other

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

## COVER LETTER

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

**SUBJECT:** Vector Mind 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

**FROM:** YE ZHANG

Name (Printed or typed)

14738 SW 23RD ST

Address

MIAMI, FL 33185

City, State & Zip

(786) 227-6928

Daytime Telephone number

CONFIRMATION@IVY-CPA.COM

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

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

FILED

2024 SEP 19 AM 9:47

STATE  
TALLAHASSEE, FL

**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: Vector Mind Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2038 Keystone Pass Blvd  
Minneola, FL 34756

2038 Keystone Pass Blvd  
Minneola, FL 34756

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Xu, Wanchao (AMBR)

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

Address 2038 Keystone Pass Blvd  
Minneola, FL 34756

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

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

FILED  
2024 SEP 19 AM 9:47  
ALACHUA COUNTY, 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: Xu, Wanchao

Address: 2038 Keystone Pass Blvd  
Minneola, FL 34756

**ARTICLE VII INCORPORATOR**

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

Name: Xu, Wanchao

Address: 2038 Keystone Pass Blvd  
Minneola, FL 34756

FILED  
2024 SEP 19 AM 9:47  
ALABAMA STATE  
DEPARTMENT OF REVENUE

**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*

Wanchao Xu  
Required Signature/Registered Agent

09/19/2024  
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.*

Wanchao Xu  
Required Signature/Incorporator

09/19/2024  
Date