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•
(Requestor's Name)
(Address)
. (Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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DATE:

10/17/2024

NAME:

MASTERPLAN CONSTRUCTION INC.

TYPE OF FILING: Acticles

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RETURN: PLAIN COPY PLEASE

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

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

SUBJECT: Ma	sterPlan Construction FL Inc				
SUBJECT:	(PROPOSED CORPOR	RATE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an	original and one (1) copy of the a	articles of incorporation and	l a check for:		
□ \$70.0 Filing Fe		□ \$78.75 Filing Fee & Certified Copy			
		ADDITIONAL CO	PY REQUIRED		
FROM:	Wei Li				
	Nai 14622 Ventura Blvd 102-756	ne (Printed or typed)	, 7		
	Sherman Oaks, CA 91403	Address			
		y, State & Zip			
	949-563-7566				
	Daytime Telephone number				
	willhappy1020@gmail.com		***		
	E-mail address: (to be us	sed for future annual report n	iotification)		

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)

	_	L Inc	·	
S Orange Ave Su	Principal street address site 1000	14622 Ventura Blvd	Mailing address, if different is: 14622 Ventura Blvd 102-756 Sherman Oaks, CA 91403	
ICLULUL DUDDO	OSE ne corporation is organized is:	ion Services		
			7102	
	stock is:		(1)	
	<u>L OFFICERS AND/OR DIRECTORS</u>			
Name and Title	Wei Li Secretary	Name and Title:	. 7	
Name and Title	Wei Li Secretary 14622 Ventura Blvd 102-756.		. 7	
	14622 Ventura Blvd 102-756		. 4	
	14622 Ventura Blvd 102-756. Sherman Oaks, CA 91403		. 4	
Address	14622 Ventura Blvd 102-756. Sherman Oaks, CA 91403	Address: Name and Title:	. 4	
Address Name and Title:	14622 Ventura Blvd 102-756. Sherman Oaks, CA 91403	Address: Name and Title:	. 4	
Address Name and Title: Address	14622 Ventura Blvd 102-756. Sherman Oaks, CA 91403	Address:	. 7	
Address Name and Title: Address	14622 Ventura Blvd 102-756. Sherman Oaks, CA 91403	Address: Name and Title: Address: Name and Title:	. 7	

Name a	nd Title:	Name and Title:	
Addres	s	Address:	
	REGISTERED AGENT		
The <u>name and I</u> Name:	<u>Horida street address</u> (P.O. Box NOT acceptab Wei Li	e) of the registered agent is:	
Address:	300 S Orange Ave Suite 1000,		
	Orlando, FL 32801		
ADTICLE EH	ANGARDARD ATTAR		
	INCORPORATOR address of the Incorporator is:		£~1
Name:	Wei Li		
Address:	300 S Orange Ave Suite 1000,		1
Address.	Orlando, FL 32801		(.)
			:
Effective date, i	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and c	. (OPTIONAL)	90 days after
filing.)			
	e inserted in this block does not meet the applic effective date on the Department of State's reco		late will not be
Having been na certificate, I am	med as registered agent to accept service of proc familiar with and accept the appointment as reg	ess for the above stated corporation at th eistered agent and agree to act in this cap	e place designa pacity
Wei Li	Wei Li		18/2024
	Required Signature/Registered Agent		Date
	cument and affirm that the facts stated herein Department of State constitutes a third degree j		formation subs
Wei Li	Wei Li	10	/18/2024