

P95000046638

TRANSMITTAL LETTER

FILED

95 JUN 12 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

200001511082
-06/12/95--0000--0006
****122.50 ****122.50

SUBJECT: K.K. MAN INC.

Enclosed is an original and one (1) copy of the articles of incorporation and a check for \$122.50.

FROM: K. K. MAN INC.
2803 BURWOOD AVE.
ORLANDO FL 32837

PHONE: 407-858-0606

Enclosures
Original and One Copy of Articles

6/15/95

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Incorporation

K. K. MAN INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

Article I - Name

The name of the corporation shall be:

K. K. MAN INC.

Article II - Principal Office

The principal place of business and mailing address of this corporation shall be:

8700 SORANGE BLOSSOM TR.

ORLANDO FL 32809

Article III - Shares

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 at No Par Value

Article IV - Initial Registered Agent and Street Address

The name and address of the initial registered agent is:

CHRISTINE CHEW
8748 Wittenwood Cove
Orlando FL 32836

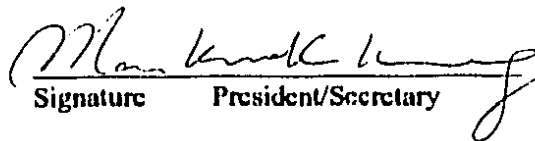
Article V - Incorporator(s)

The name(s) and street address of the incorporator(s) to these Articles of incorporation is(are):

KWOK KEUNG MAN
2803 BURWOOD AVE.
ORLANDO FL 32837

The undersigned incorporator(s) has(have) executed these Articles of Incorporation

this 7TH Day of JUNE, 1995.


Signature President/Secretary

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95 JUN 12 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


***Certificate of Designation of
Registered Agent/Registered Office***

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: K. K. MAN INC.,
2. The name and address of the registered agent and office is:

CHRISTINE CHEW
8748 Whittenwood Cove
Orlando, FL 32836

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Signature

6/7/95

DATE

P95000046638

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: Christine Chew EIN or SSH: 197-60-0650

Address: 8748 Wittenwood Cove
Orlando, FL 32836 ~~SH~~ ~~DEC 2 1995~~

Amount: \$35.00 Date Paid DEC 20 1995

Reason for claim: Withdrawal of amendment.
S. Harris/Amendments
P95000046638/K.K. MAN INC.

Certified true and correct this 15th day of December, 1995.

Signature [Signature]

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only	
Agency recommends approval of above claim and submits the following information to substantiate the claim:	
Amount of recommended refund \$	<u>35.00</u>
The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasurer's Receipt No. <u>01103--004</u> dated <u>10/26/95</u>	
Name of Account	<u>45202130001453000000000010000</u>
Statutory Authority for Collection	<u>607.0122</u>
It is requested that payment be made from the following account:	
NAME OF ACCOUNT	<u>452021300014530000000022002000</u>
Certified true and correct this _____ day of _____, 19____	
Department of State, Division of Corporations (Agency)	(Authorized Signature and Title)

Chris Thew
Tax & Accounting Service
8748 Wiltonwood Cove
Orlando, FL 32836

OFFICE USE ONLY

400001621594
-10/26/95--01103--004
*****35.00 *****35.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A. Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials _____



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 30, 1995

Christine Chew
8748 Wittenwood Cove
Orlando, FL 32836

SUBJECT: K.K. MAN INC.
Ref. Number: P95000046638

We have received your document for K.K. MAN INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please provide a street address for the new President/Treasurer.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6908.

Steven Harris
Corporate Specialist

Letter Number: 695A00048521

*Sent Refund
on 11/30*