# P97 6000 12896 TRANSMITTAL LETTER

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

800002081478--8 -02/07/97--01064--001 \*\*\*\*122.50 \*\*\*\*122.50

SUBJECT:	GOLDEN ORCH	ID F INC.			
			ate name - must include suff	7FEB -7 AH 11:	
☐ \$70.00 Filing Fe	e Filing		\$122.50 Filing Fee & Certified Copy  ADDITIONAL CO	S131.25 Filing Fee, Certified Copy & Certificate  PY REQUIRED	
FROM:	DER WO	N LU Name (Printed	i or typed)		
	1185 Spring Center South Blvd Address				
	Altamon	Altamonte Springs, FL 32714  City, State & Zip			
	407-788-	9388 Daytime Teleph	one number		

FEB 7 1997

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

## ARTICLES OF INCORPORATION

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:

GOLDEN ORCHID INC.

## ARTICLE II PRINCIPAL OFFICE

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

1185 Spring Center South Blvd., Altamonte Springs, FL. 32714 Same as Mailing Address

#### ARTICLE III SHARES

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

Class: Common Stock

Par Value Per Share: Non Par Value

Number of Shares Proposed to be issued : Consideration to be Received Therefor: \$1 100

\$1,000.00

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Der Won Lu Apt.#112, 404 Summit Ridge Place Longwood, FL. 32779

# ARTICLE V INCORPORATOR(S)

# See instructions for officers/directors

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

Der Won Lu

Apt.#112, 404 Summit Bridge Place,
Longwood, FL. 32779

The und	lersigned in	corporator(s) has(hav	ve) executed these Articles of Incorporation the
<u>4+h</u>	_ day of _	February	, 19 <u>97</u> .
(An addi	itional artic	le must be added if a	n effective date is requested.)
		x Dru	er h
	_		Signature
	_		Signature
	<del></del>		Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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_	GOLDEN ORCHID INC.	
			97 TAL
2.	The name and address of the reg	istered agent and office is:	EB -7
	מ	er Won Lu	7 AM II: 10
		(NAME)	1: 10 ORID
		185 Spring Center South Blvd., Box or Mail Drop Box NOT ACCEPTABLE)	A
	P	ltamonte Springs, FL. 32714 (CITY/STATE/ZP)	

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) Feb. 4, 1997 (Date)