Department of State Division of Corporations

*78.75

P. O. Box 6327 Tallahassee, FL 32314		90	000240306 -01/16/9801066 *********
SUBJECT: LO	CH COLL ENTENPE (Proposed corpor	1369 INC. ate name - must include suf	fix)
Enclosed is an original a	and one(1) copy of the article	s of incorporation and a o	check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	□ \$131.25 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM: _	Cynthia Lai Name (P	Printed or typed)	<u> </u>
_	·	040 B. University Ave ZS &	
-	Gardes Ville 17 City,	FL MOO) , State & Zip	JAN 16 AN 9: RETAR (10-51A AHASSEE, FLOR

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

Daytime Telephone number

ARTICLES OF INCORPORATION

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

ARTIC	CLE I	NAME
=	C.L.	

The name of the corporation shall be:

Pocky cola Enterprises. Inc.



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

E. University Ave Gaines VIIIc 172 32607

ARTICLE III SHARES

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

Graves 1000

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Vicky Lun 4300 SW 20th Are Gamesville Fr 3260 7 VINCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

May Lun Usro SW 20th Are Gravies VILL /R 3240)

Signature/Incorporator

(An additional article must be added if an effective date is requested.)

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 obligation's of my position as registered agent

Signature/Registered Agent