2007 FOR PROFIT CORPORATION

FILED Apr 10, 2007 08:00 AM Secretary of State

DOCUMENT # P9800 1. Entity Name LIN & CHEN ENTERPRISES,		
Principal Place of Business 13636 HAWKEYE DR ORLANDO, FL 32837	Mailing Address 539 N MILLS AVE ORLANDO, FL 32803	
DO NOT WE	RITE IN THIS SPA	ACE

DR 539 N MILLS AVE 837 ORLANDO, FL 32803							
O NOT WRITE IN	CE	04042007 No Chg-P CR2E034 (11/05) 4. FEI Number Applied F			34 (11/05) Applied For Not Applicable \$8.75 Additional		
E KEYE DR FL 32827		1	IN ⁻	NOT W THIS SP	ACE		
med entity submits this statement for the ps of registered agent. Sum Sum - We make the property of the ps of registered agent and title of the ps of registered agent.		ed office or regist		th, in the State of Flo	orida. I am i	familiar with, and accept	
NOW!!! FEE IS \$150.00 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing \$	5.00 May Be Ided to Fees	U00000 -04/18/07	1697637 -80049-	7 -008 150.00	
OFFICERS AND DIRECT IN, LIEN-TE 3636 HAWKEYE DR DRLANDO, FL 32837 CHEN, YU FEN 3636 HAWKEYE DR DRLANDO, FL 32837	TORS		,	,			
			DO NOT WRITE IN THIS SPACE				

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

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LIN, LIEN-TE 13636 HAWKEYE DR ORLANDO, FL 32827

SIGNATURE 🔀

10. TITLE NAME

STREET ADDRESS

CITY-ST-ZIP TITLE

CITY-ST-ZIP

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

8. The above named entity submits this statement for the purpose

Signature, typed or printed name of registered agent a

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

ORLANDO, FL 32837

13636 HAWKEYE DR

ORLANDO, FL 32837

the obligations of registered agent.

LIN, LIEN-TE 13636 HAWKEYE DR

CHEN, YU FEN

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #