# Pagasto 160

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

400002932154--0 -07/15/99--01042--014 \*\*\*\*\*87.50 \*\*\*\*\*\*87.50

SUBJECT:	21			11 , 3219995		
SOBJECT.		(Proposed corporate name - must include suffix)				
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Enclosed is an orange \$70. Filing F	.00	\$78.75 Filing Fee & Certificate of Sta		S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM: UPING ZHANG Name (Printed or typed)						
102 ST. JOHN'S LANDING DR ALLAINA SECRETA						
			City,	NGS, FL 32 State & Zip	1708 TARY OF ST	FILED
		(407)	971-	1678		-سبب- غذ

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.

### ARTICLE I NAME

The name of the corporation shall be:

SINOMERICA ENTERPRISE, INC.

## ARTICLE II PRINCIPAL OFFICE

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

(02 ST. JOHN'S LANDING DR.

WINTER SPRINGS, FL 32708

<u>ARTICLE III SHARES</u>

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

000,00

### INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

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

JIPING ZHANG

LANDING DR. 102 ST. JOHN'S

WINTER SPRINGS, FL ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

JIPING ZHANG & DEHUA YU

102 ST. JOHN'S LANDING DR. WINTER SPRINGS, FL 32708

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(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 obligations of my position as registered agent

Signature/Registered Agent