TRANSMITTAL LETTER

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

-07/19/99---01062---015

ROYAL EVERGREEN, INC.
(Proposed corporate name - must include suffix)

Enclosed is an origin	nal and one(1) copy of the artic	les of incorporation and a	check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM		- / AN G Printed or typed) NON A PLACE	
		Address  H FC 3346  V State & Zip	

561-434-8515 Daytime Telephone number

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

T57/24/99

# ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

ROYAL EVERGREEN, INC.

99 JUL 19 PM 1:38
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

### ARTICLE II PRINCIPAL OFFICE

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

6799 LAKE NONA PLACE, LAKE WORTH, FL. 33463

#### ARTICLE III SHARES

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

10,000

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

PHILOMENA M. LIANG.

6799 LAKE NONA PLACE, LAKE WORTH, FL 33463

# ARTICLE V INCORPORATOR

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

PHICOMENA M. LIANG

6799 LAKE NONA PLACE

0/11/90

re/incorporator I

(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

Date