

P22000050904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

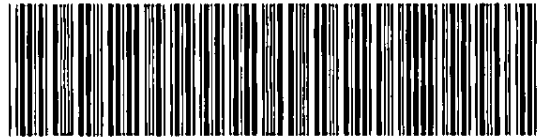
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500388836045

06/16/22--01011--024 **70.00

RECEIVED

2022 JUN 16 PM 3:39

ALLAHASSEE, FL

FILED

2022 JUN 22 PM 4:33

STATE OF FLORIDA
TALLAHASSEE, FL

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 6/16 DANNY

CERTIFIED COPY _____

XX PHOTOCOPY _____

CUS _____

XX FILING

INC _____

1. ORIENTAL MASSAGE SPA, INC.

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2022 JUN 22 PM 12:22
ALLAHASSEE, FL

June 20, 2022

CORPORATE ACCESS

SUBJECT: ORIENTAL MASSAGE SPA, INC.
Ref. Number: W22000083284

Corrected

We have received your document for ORIENTAL MASSAGE SPA, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 922A00013757

FILED

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

2022 JUN 22 PM 4: 33

ARTICLE I NAME

The name of the corporation shall be: Lucky 8 Spa, Inc.

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

41-14 B Main St. W30
Flushing, NY 11355

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful purpose

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Yixuan Zeng - President Name and Title: _____

Address 41-14 B Main St. W30 Address: _____

Flushing, NY 11355 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Corporate Creations Network Inc.
 Address: 801 US Highway 1
North Palm Beach, FL 33408

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Yixuan Zeng
 Address: 41-14 B Main St. W30
Flushing, NY 11355

FILED
 2022 JUN 22 PM 4:33
 SECRETARY OF STATE
 TALLAHASSEE, FL


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)


Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


 Required Signature/Registered Agent

6/15/22
 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


 Required Signature/Incorporator

6/15/22
 Date