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COVER LETTER

	gistration Section vision of Corporations	
SUBJECT:	Thai Nawa (Cuisine LLC d Liability Company
The enclosed	d Articles of Organization and fee(s) are so	ubmitted for filing.
Please return	n all correspondence concerning this matte	r to the following:
-	Bill Anto	ve CPA
	1	Name of Person
-	Accour 3306 D	pe Coral Tax & nting Services, LLC. el Prado Blvd. South e Coral, FL 33904
For further in	City/ City/ Cope E-mail address: (to be used for information concerning this matter, please	State and Zip Code Loxe 5 _ Com or future annual report notification) call:
Bill	Antor at (2 Name of Person A	rea Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
₹ \$125.00 Fili	Certificate of Status	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THAI NAWA CUISINE, LLC. 301 NW 1ST ST CAPE CORAL, FL 33993

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

THAI NAWA CUISINE, LLC. 301 NW 1ST ST CAPE CORAL, FL 33993

Principal Office Address: Mailing Address:

301 NW 1ST ST CAPE CORAL, FL 33993

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

BILL ANTAR, CPA CAPE CORAL TAX & ACCOUNTING SERVICES, LLC 3306 DEL PRADO BLVD. S. CAPE CORAL, FL 33904

Having been named as registered agent and to accept service of process for the above stated limited liability company 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 as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2.

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

RYAN D SMITH (Managing Member) 301 NW 1ST ST CAPE CORAL, FL 33993

PATCHARARUJEE SMITH (Managing Member) 301 NW 1ST ST CAPE CORAL, FL 33993

ARTICLE V: Effective date, if other than the date of filing:

This LLC shall have perpetual existence, commencing upon the date of filing of these articles with the Florida Department of State.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

Typed or printed name of signee