

L14000182706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

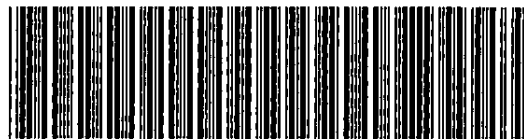
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*Wm  
6224*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 NOV 26 PM 4:25

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18 NOV 26 2014

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TOM YUM GOONG LLC.**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

THIDA CHAMPAGNE  
Name of Person

TOM YUM GOONG LLC.  
Firm/Company

325 WAINAI DR.  
Address

MERRITT ISLAND, FLORIDA 32953  
City/State and Zip Code

CHAMPAGNE.THIDA@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THIDA CHAMPAGNE at ( 321 ) 501-4855  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 12, 2014

THIDA CHAMPAGNE  
325 WAINAI DR  
MERRITT ISLAND, FL 32953

SUBJECT: TOM YUM GOONG LLC  
Ref. Number: W14000068244

We have received your document for TOM YUM GOONG LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6051.

Tim Burch  
Regulatory Specialist II

Letter Number: 514A00024083

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TOM YUM GOONG LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

325 WAINAI DRIVE  
MERRITT ISLAND  
FLORIDA 32953

325 WAINAI DRIVE  
MERRITT ISLAND  
FLORIDA 32953

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

THIDA CHAMPAGNE  
Name  
325 WAINAI DRIVE  
Florida street address (P.O. Box NOT acceptable)  
MERRITT ISLAND FL 32953  
City Zip

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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..*

Thida Champagne

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

SANSANEE SCOTT

325 WAINAI DRIVE

MERRITT ISLAND FLORIDA 32953

AMBR

THIDA CHAMPAGNE

325 WAINAI DRIVE

MERRITT ISLAND FLORIDA 32953

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TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

**ARTICLE V:** 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 business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

THIDA

Champagne

**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.)

THIDA

CHAMPAGNE

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**