

L16000126859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

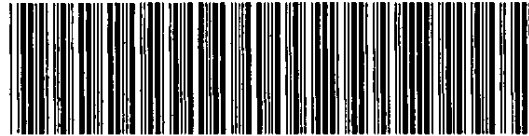
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100286362711

05/31/16--01041--020 **122.50

[illegible]

W16-040898

2 07/11/16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 6, 2016

SOMPONG CHANAVARACHAI
3021 S.W. 143RD. PL. RD.
PCALA, FL 34473

SUBJECT: THAI TO GO LLC.
Ref. Number: W16000040898

We have received your document for THAI TO GO LLC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of 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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 616A00011802

4400 SW. 139th ST. RD. Ocala FL 34473.

july 6, 2016

TO Whomever it may concern.

My name is Sompong Chanavorachai, I have sent a cover letter to the Division of Corporations on June 2, 2016. I have call back, it was rejected; Because I got the wrong form and did not have enough money. I have waited for a letter to arrive in the mail for 12 days. I did not receive the letter. I called again and this time I was notified it was sent to the incorrect address. I got new form, I sent the old copy with it. on the previous attempt I paid \$ 122.50 and I added \$ 7.50 with this letter. and I ^{have} change the address.

Sincerely.

Sompong Chanavorachai

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Thai To go 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:

Sompong Chana vorachai
Name of Person

4400 SW. 139th ST. RD.
Firm/Company
Address

ocala FL. 34473
City/State and Zip Code
prapaortiz @ yahoo . com .
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sompong Chana vorachai (352) 857-6481
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing 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 Togo 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:

4400 SW. 139th ST. RD.
Ocala FL 34473

Mailing Address:

4400 SW. 139th ST. RD.
Ocala FL 34473

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:

Sompong Changvorachai

Name

4400 SW. 139th ST. RD.

Florida street address (P.O. Box **NOT** acceptable)

Ocala

FL

34473

City

State

Zip

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)

16 JUL 11 PM 4:09
2011 JUL 11 PM 4:09
2011 JUL 11 PM 4:09

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Sompong Chanavorachai
4400 SW. 139th ST. RD.
OCALA FL 34473

MGR

PRAPA ORTIZ
4400 SW. 139th ST. RD
OCALA FL 34473

(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.)

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.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

PRAPA ORTIZ

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)

FILED
2020 JUN 11 PM 4:09
CLERK OF COURT
STATE OF FLORIDA
JULY 10 2020