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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

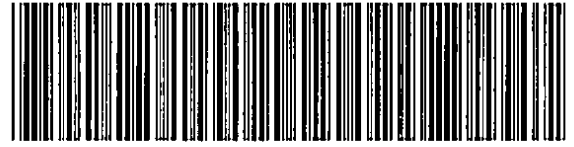
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
FALL APPEALS DIVISION

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S3
7/8/21



LAW OFFICE OF CLIVE M. RYAN, PLLC.

Clive M. Ryan, Esq., Attorney At Law
9710 East Indigo Street, Suite 202
Palmetto Bay, FL 33157

WILLS-TRUSTS- PROBATE- PROPERTY- FAMILY LAW-IMMIGRATION

June 17, 2021

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

SUBJECT: PU THAI, LLC

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Clive M. Ryan, Esq.
C/o the Law Office of Clive M. Ryan, PLLC.
9710 East Indigo Street, Suite 202
Palmetto Bay, FL 33157

Email: Cmryanlaw@gmail.com

Please use the above email for any future communication on this filing.

Enclosed please find a check for the following amount:

\$160.00 for Filing Fee, Certificate of Status and Certified Copy.

Best Regards,

Clive M. Ryan

Clive M. Ryan, Esq.

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SERIAL PART OF
FALL APPEALS

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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I: NAME

The name of the Limited Liability Company is: **PU THAI, LLC**

ARTICLE II: PRINCIPAL OFFICE AND ADDRESS

The principal office of the Limited Liability Company is:

4085 Hancock Bridge Parkway, Unit 118
North Fort Myers, Florida 33903

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

4085 Hancock Bridge Parkway, Unit 118
North Fort Myers, Florida 33903

ARTICLE III: PURPOSE

The purpose for which the Limited Liability Company is organized is:

Any and all lawful business but not limited to the operation of a restaurant for the purpose of preparing meals to be served to the public, catering and all other services associated with the food service industry.

ARTICLE IV: REGISTERED AGENT:

Registered Agent, Registered Office, & Registered Agent's Signature:

WANNAPA TIRASITIPOL
4085 Hancock Bridge Parkway, Unit 118
North Fort Myers, FL 33903

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.

Wannapa Tirasitipol

Registered Agent's Signature: Wannapa Tirasitipol

FILED
21 JUN 21 AM 2:11
SOUTH FLORIDA
REGISTERED AGENT
FACTORY



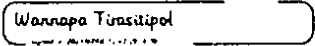
ARTICLE VI

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

Title: MANAGING MEMBER

Name and Address:
WANNAPA TIRASITIPOL
4085 Hancock Bridge Parkway, Unit 118
North Fort Myers, FL 33903

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

Signature of Incorporator: 
Wannapa Tirasitipol

Date: day of June 2021

FILED
21 JUN 21 AM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

