

M15000007730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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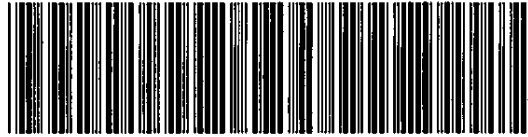
(Business Entity Name)

(Document Number)

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September 21, 2015

File No.  
10019-1-2

Florida Department of State  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Application by Foreign Limited Liability Company  
for Authorization to Transact Business in Florida**

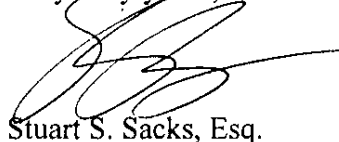
Dear Gentleperson:

Enclosed for filing are an original and a copy of the Cover Letter, Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, and a Subsistence Certificate, dated September 16, 2015, of Thinnakorn, LLC, a Pennsylvania Limited Liability Company. Also enclosed is a check in the amount of one hundred thirty dollars (\$130.00) to cover the cost of the filing fee and Certificate of Status.

Please acknowledge receipt of this request and confirmation of the filing by time-stamping the copy of the Authorization to Transact Business in Florida and returning it to me.

Thank you for your assistance.

Very truly yours,



Stuart S. Sacks, Esq.

SSS/gcp  
Enclosures  
Cc: Phusit T. Pongpat (w/o enc)

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Thinnakorn, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Phusit T. Pongpat

Name of Person

Thinnakorn, LLC

Firm/Company

5001 Louise Dr.

Address

Mechanicsburg, PA 17055

City/State and Zip Code

tom.pongpat@newhorizons.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Phusit T. Pongpat

717 at ( )

791 0200

Name of Contact Person

Area Code

Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Thinnakorn, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Pennsylvania

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 23-3336030

(FBI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5001 Louise Dr.

Mechanicsburg, PA 17055

(Street Address of Principal Office)

6. 5001 Louise Dr.

Mechanicsburg, PA 17055

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Phusit T. Pongpat

Office Address: 6933 NW 4th Blvd

Gainesville

(City)

, Florida 32607-1663

(Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

*Phusit T. Pongpat*

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Phusit T. Pongpat - Solo Member

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

*Phusit T. Pongpat*

Signature of an authorized person

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.

Phusit T. Pongpat

Typed or printed name of signer

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TALLAHASSEE, FLORIDA

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

09/16/2015

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Thinnakorn, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set  
my hand and caused the Seal of the Secretary's  
Office to be affixed, the day and year above written

*Pedro A. Contes*  
Secretary of the commonwealth

Certification Number: TSC150915110488-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify.aspx>