

P04000103772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

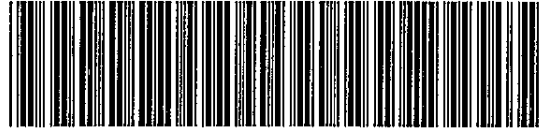
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04 JUL -8 PM 3:08
SECRETARY OF STATE
DIVISION OF CORPORATIONS

TRANSMITTAL LETTER

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

SUBJECT: SITIPOL STUDIO INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: WICHAI TIRASITIPOL
Name (Printed or typed)

330 VIRGINIA STREET # 8
Address

HOLLYWOOD, FLORIDA 33019
City, State & Zip

954-243-8384
Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

SITIPOL STUDIO INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

330 VIRGINIA STREET # 8
HOLLYWOOD, FLORIDA 33019

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR PROFIT

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

WICHAI TIRASITIPOL
330 VIRGINIA STREET #8, HOLLYWOOD FL 33019

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

WICHAI TIRASITIPOL
330 VIRGINIA STREET # 8 HOLLYWOOD FL 33019

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

WICHAI TIRASITIPOL
330 VIRGINIA STREET # 8 HOLLYWOOD FL 33019

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Wichai Tirasitipol
Signature/Registered Agent

7/3/04
Date

Wichai Tirasitipol
Signature/Incorporator

7/3/04
Date

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