

P04000128929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

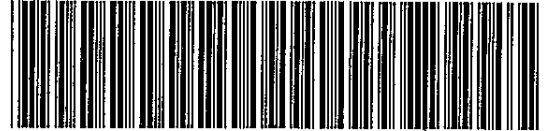
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9-13-04

## TRANSMITTAL LETTER

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

**SUBJECT:** Sawatdee Corporation

**(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:** Samai Mouthapong

Name (Printed or typed)

9831 Caribbean Blvd.

Address

Miami, FL 33189

City, State & Zip

305 232 6785

Daytime Telephone number

**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:

Sawatdee Corporation

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

9831 Caribbean Blvd.  
Miami, FL 33189

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
To Operate Restaurant

**ARTICLE IV SHARES**

The number of shares of stock is:  
100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

- Ong-Art Mouthapong (President)
- Samai Mouthapong (Vice President)
- Metta Mouthapong (Treasury)
- Warunee Mouthapong (Manager)

**ARTICLE VI REGISTERED AGENT**

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

Samai Mouthapong  
9831 Caribbean Blvd  
Miami, FL 33189

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Samai Mouthapong  
9831 Caribbean Blvd  
Miami, FL 33189

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*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*

\_\_\_\_\_  
Signature/Registered Agent Samai MOUTHAPONG

Sep - 10 - 04  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Incorporator Samai MOUTHAPONG

Sep - 10 - 04  
\_\_\_\_\_  
Date