

POS000067660

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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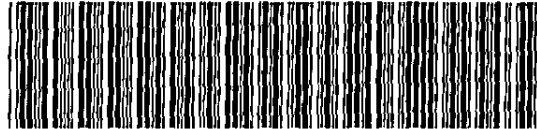
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
MAY - 9 AM 8:45

N. Culligan MAY - 9 2005

## TRANSMITTAL LETTER

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

**SUBJECT:** JJB ENTERPRISES, 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:** JJB ENTERPRISES, INC.  
Name (Printed or typed)

11737 PEACH GROVE LANE  
Address

ORLANDO, FL 32821  
City, State & Zip

407-341-8954  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

May 2, 2005

JJB ENTERPRISES INC.  
11737 PEACH GROVE LANE  
ORLANDO, FL 32821

SUBJECT: JJB ENTERPRISES, INC.  
Ref. Number: W05000022174

We have received your document for JJB ENTERPRISES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

If you have any further questions concerning your document, please call (850) 245-6067.

Neysa Culligan  
Document Specialist  
New Filings Section

Letter Number: 305A00031034

RECEIVED  
05 MAY -9 AM 10:50

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 MAY -9 AM 8:46

**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:

THAI FLAVOR INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

11737 PEACH GROVE LANE  
ORLANDO, FL 32821

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

RESTAURANT

**ARTICLE IV SHARES**

The number of shares of stock is:

900

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

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

JITTRA TATE  
322 FAIRWAY POINTE CIRCLE  
ORLANDO, FL 32828

VARAWUT SUWANNAGOOD  
322 FAIRWAY POINTE CIRCLE  
ORLANDO, FL 32828

VACHIRAPORN SUWANNAGOOD  
11737 PEACH GROVE LANE  
ORLANDO, FL 32821

**ARTICLE VI REGISTERED AGENT**

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

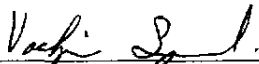
VACHIRAPORN SUWANNAGOOD  
11737 PEACH GROVE LANE  
ORLANDO, FL 32821

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

VACHIRAPORN SUWANNAGOOD  
11737 PEACH GROVE LANE  
ORLANDO, FL 32821


\*\*\*\*\*  
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

05-06-05

Date



Signature/Incorporator

05-06-05

Date