Do5000130678

(Re	questor's Name)	<u></u>
(Ad	dress)	
•	•	
7.1		
(Adi	dress)	
(Cit	y/State/Zip/Phone	∋#)
PICK-UP	WAIT	MAIL
		,
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	of Status
•	<u> </u>	
	<u></u>	
Special Instructions to	Filing Officer:	

Office Use Only



500059807485

03/22/05--01031--018 **87,50

SECRETARY OF STATE DIVISION OF CHOCKATION

COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	
SUBJECT: Po Seng Tong Herbs, Inc. (PROPOSED CORPORA)	C. TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the artic	eles of incorporation and a check for:
S70.00 S78.75 Filing Fee Filing Fee & Certificate of Status	S78.75 Filing Fee Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: Nimanong Laoverachai	Printed or typed)
1641 NE 163rd Street	ddress
Miami, Florida 33162	State & Zip
(305) 949-3388 Daytime Te	lephone number

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

ARTICLES OF INCORPORATION	SECRETARY OF U.S.
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	DIVISION OF COCHERATION
ARTICLE I NAME	05 SEP 20
The name of the corporation shall be:	05 SEP 22 AM 8: 24
Po Seng Tong Herbs, Inc.	
To being Tong Herbs, me.	
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	د پوسوپو
1641 NE 163rd Street	
Miami, FL 33162	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	*.
To serve the public with healthcare products and services.	
The same with resulting products and convince.	
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):	_ · · · · · · · · · ·
President, Vice-president, secretary and treasurer shall all be Ninano	nng Laoverachai
Treatment the president, ever oldry and treatment of an an per turnant	ing Edovordonal
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of the regis	stered agent is:
Nimanong Laoverachai, 1641 NE 163rd Street, Miami, FL 33162	· 141. · 0 · 11 · 1
Tannanang Labratashan, to tritiz foota dadda, mami, t z oota z	
v ·	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Nimanong Laoverachai, 1641 NE 163rd Street, Miami, FL 33162	
**************************************	********
Having been named as registered agent to accept service of process for the above stated concertificate, I am familiar with and accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment agent ag	
Minimona La overa chair Signature/Registered Agent	9.16.05
Signature/Registered Agent	9.75.05 Date
Minjarona Laroveruchai	
Minimaroney Loroveruchas Signature/Incorporator	9.15.05 Date
agnature/incorporator	Date