

PO5000163425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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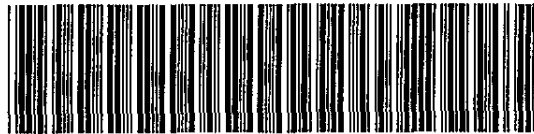
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Somsri's International Restaurant, 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: Somsri RAY.
Name (Printed or typed)

P.O. Box 213
Address

Vernon, FL 32462.
City, State & Zip

850.535.6425
Daytime Telephone number

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

Starting date: January 1, 2006

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:

Somsri's International Restaurant, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3240 Main St. Vernon, Fl. 32462.
P.O. Box 213

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Restaurant, Food service and Retail

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Somsri RAY - President
Somsri RAY - Vice President
Somsri RAY - Secretary
Somsri RAY - Treasurer
P.O. Box 213
Vernon, Fl. 32462

ARTICLE VI REGISTERED AGENT

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

Somsri RAY
2875 Church St
Vernon, Fl. 32462.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Somsri RAY
P.O. Box 213
Vernon, Fl. 32462.

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

Somsri Ray.

Signature/Registered Agent

Somsri Ray.

Signature/Incorporator

12.9.05

Date

12.9.05

Date

FILED
DEC 14 PM 1:15
CLERK OF STATE
TALLAHASSEE, FLORIDA