

103-1-100-10055-021 \*\*97.50

**COVER LETTER**

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

**SUBJECT:** PHILTHAI CORP.  
(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:** NESTOR B. TINIO

Name (Printed or typed)

1949 SW VICTOR LANE

Address

PORT ST. LUCIE, FL 34984

City, State & Zip

401-474-7522

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:

PHILTHAI CORP.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1949 SW VICTOR LANE, PORT ST. LUCIE, FL 34984

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

OPERATE A RESTAURANT

## ARTICLE IV SHARES

The number of shares of stock is:

1,000 SHARES

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

NESTOR B. TINIO, 1949 SW VICTOR LANE, PORT ST. LUCIE, FL 34984 - PRESIDENT,  
TREASURER & DIRECTOR

NHEM M. TINIO, 1949 SW VICTOR LANE, PORT ST. LUCIE, FL 34984 - VICE PRESIDENT,  
SECRETARY & DIRECTOR

## ARTICLE VI REGISTERED AGENT

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

NESTOR B. TINIO, 1949 SW VICTOR LANE, PORT ST. LUCIE, FL 34984

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

NESTOR B. TINIO, 1949 SW VICTOR LANE, PORT ST. LUCIE, FL 34984

\*\*\*\*\*

*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

\_\_\_\_\_  
2/27/06

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
2/27/06

\_\_\_\_\_  
Date

FILED

06 MAR -3 PM 1:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA