

P07000022041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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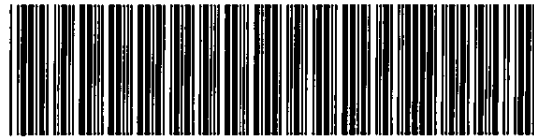
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2-19-07
206

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:

THAISECRET, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

11724 WESSON CIRCLE WEST
TAMPA, FLORIDA 33618

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE PURPOSE OF THIS CORPORATION IS TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH A CORPORATION MAY BE ORGANIZED UNDER THE GENERAL CORPORATION LAW OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INTIAL OFFICERS AND/OR DIRECTORS

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

VEENA ANN GREEN, 11724 WESSON CIRCLE WEST, TAMPA, FLORIDA 33618 - PRESIDENT
MATTHEW JOHN GREEN, 11724 WESSON CIRCLE WEST, TAMPA, FLORIDA 33618 - V.P.

ARTICLE VI REGISTERED AGENT

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

VEENA ANN GREEN
11724 WESSON CIRCLE WEST
TAMPA, FLORIDA 33618

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

VEENA ANN GREEN
11724 WESSON CIRCLE WEST
TAMPA, FLORIDA 33618

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



Signature/Incorporator

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02-12-07

Date

02-12-07

Date

COVER LETTER

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

SUBJECT: THAISECRET, 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: VEENA ANN GREEN

Name (Printed or typed)

11724 WESSON CIRCLE WEST

Address

TAMPA, FLORIDA 33618

City, State & Zip

813-267-4532

Daytime Telephone number

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