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STATE OF OHIO
DIVISION OF CORPORATIONS
2011 NOV 18 PM 3:38

11/21/11

COVER LETTER

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

SUBJECT: Power of the Kingdom 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: Prasit Sittirangsenapa
Name (Printed or typed)

48 Dogwood Drive Pass
Address

Ocala Florida 34472
City, State & Zip

352 -789-9947
Daytime Telephone number

masterpiece68@msn.com
E-mail address: (to be used for future annual report notification)

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

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PUBLIC
STATE DEPT OF STATE
DIVISION OF CORPORATIONS

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:

POWER OF THE KINGDOM, INC.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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ARTICLE II PRINCIPAL OFFICE

Principal street address

48 DOGWOOD DR. PASS

OCALA, FL 34472

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RESTAURANT

ARTICLE IV SHARES

The number of shares of stock is: 3600

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRASIT SITTIRANGSENAPA, PRESIDENT

Address: 48 DOGWOOD DR. PASS

OCALA, FL 34472

Name and Title: _____

Address: _____

Name and Title: JESSADA PHENDEE, SECRETARY

Address: 6639 SW 87 STREET

OCALA, FL 34476

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: PRASIT SITTIRANGSENAPA

Address: 48 DOGWOOD DR. PASS

OCALA, FL 34472

ARTICLE VII INCORPORATOR

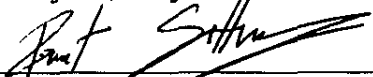
The name and address of the Incorporator is:

Name: PRASIT SITTIRANGSENAPA

Address: 48 DOGWOOD DR. PASS

OCALA, FL 34472

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



Required Signature/Registered Agent

11/15/11

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

11/15/11

Date