

P11000105194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

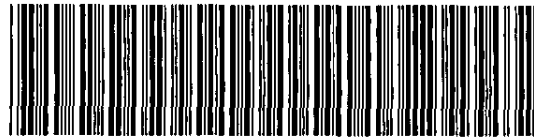
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Effective Date  
1-2-12

Office Use Only



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12/12/11--01020--023 \*\*70.00

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2011 DEC 12 PM 1:33  
NOT REPLIED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING  
11 DEC 12 PM 1:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

12-12-11

## COVER LETTER

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

SUBJECT: Reangthai 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: Nirarida Mulsing  
Name (Printed or typed)

2740 Capital Circle NE, #2  
Address

Tallahassee, FL 32308  
City, State & Zip

850-386-7898  
Daytime Telephone number

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

**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:

Reangthai Restaurant, Inc.

*EFFECTIVE Date  
shall be 1-2-12*

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2740 Capital Circle NE, #2  
Tallahassee, FL 32308

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Thai restaurant

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Nirarida Mulsing, President  
Address: 2740 Capital Circle NE, #2  
Tallahassee, FL 32308

Name and Title: Nirarida Mulsing, Treasurer  
Address: 2740 Capital Circle NE, #2  
Tallahassee, FL 32308

Name and Title: Gift Kusuwan, Vice-President  
Address: 2740 Capital Circle NE, #2  
Tallahassee, FL 32308

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: Nirarida Mulsing, Secretary  
Address: 2740 Capital Circle NE, #2  
Tallahassee, FL 32308

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: Nirarida Mulsing  
Address: 2740 Capital Circle NE, #2  
Tallahassee, FL 32308

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Nirarida Mulsing  
Address: 2740 Capital Circle NE, #2  
Tallahassee, FL 32308

*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]*

Required Signature/Registered Agent

*12/12/11*

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.*

*[Signature]*

Required Signature/Incorporator

*12/12/11*

Date

FILED  
11 DEC 12 PM 1:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA