P13000058489

# Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000155024 3)))

H13000155024 3ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850)224-8870
Fax Number : (850)222-1222

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUL 11 PM 3:01

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

## FLORIDA PROFIT/NON PROFIT CORPORATION
**Thai Place Restaurant Inc.**

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | $70.00 |

RECEIVED
13 JUL 11 AM 8:06
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

**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: THAI PLACE RESTAURANT INC.

***ARTICLE II PRINCIPAL OFFICE***

| Principal street address | Mailing address, if different is: |
|---|---|
| 2915 Kerry Forest Parkway | |
| TALLAHASSEE | |
| FL 32309 | |

***ARTICLE III PURPOSE***
The purpose for which the corporation is organized is:

THAI RESTAURANT

FILED
13 JUL 11 PM 3:01
SECRETARY OF STATE
DIVISION OF CORPORATIONS

***ARTICLE IV SHARES***
The number of shares of stock is: 100

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

Name and Title: DANJAI RANGSIYAWARA President
Address: 5111 CR 125 B2
Wildwood, FL 34785

Name and Title: Piboo| Rangsiyawarahon Vice President
Address: 5111 CR 125 B2
Wildwood FL 34785

Name and Title:
Address:

Name and Title:
Address:

(cont.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

***ARTICLE VI REGISTERED AGENT***

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

Name: Dawjai Rangsiyawaranon

Address: 5111 CR 125 B2

Wildwood, FL. 34785

***ARTICLE VII INCORPORATOR***

The name and address of the Incorporator is:

Name: Dawjai Rangsiyawaranon

Address: 5111 CR 125 B2

Wildwood, FL. 34785

FILED
13 JUL 11 PM 3:01
SECRETARY OF STATE
DIVISION OF CORPORATIONS

*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*

_____ 7/9/13

Required Signature/Registered Agent 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.*

_____ 7/9/13

Required Signature/Incorporator Date