

P/300082575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

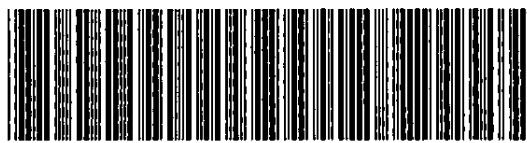
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. J. G. 10/7/13

COVER LETTER

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

SUBJECT: TONGKOED 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: Chatchamol Sonprathet

Name (Printed or typed)

55 Vining Ct., #107

Address

Ormond Beach, Florida 32176

City, State & Zip

(352)274-1728

Daytime Telephone number

thaierawan@live.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: TONGKOED INC.,

ARTICLE II PRINCIPAL OFFICE

Principal street address

219 E. Granada Blvd.,

Ormond Beach, Florida 32176

Mailing address, if different is:

55 Vining Ct., #107

Ormond Beach, Florida 32176

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES 100

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Chatchamol Sonprathet (P) Name and Title: _____

Address: 55 Vining Ct., #107 Address: _____

Ormond Beach, FL 32176

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: <u>Chatchamol Sonprathet</u>
Address: <u>55 Vining Ct., #107</u>
<u>Ormond Beach, FL 32176</u>

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: <u>Chatchamol Sonprathet</u>
Address: <u>55 Vining Ct., #107</u>
<u>Ormond Beach, FL 32176</u>

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

Chatchamol Sonprathet

Required Signature/Registered Agent

10/01/13

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.

Chatchamol Sonprathet

Required Signature/Incorporator

10/01/13

Date