

P/3000082575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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Certificates of Status ☒

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 OCT -7 PM 2:12

8-13

**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)

RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 OCT -7 PM 2:12

**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**  
The number of shares of stock is: 100

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

Name and Title:	<u>Chatchamol Sonprathet (P)</u>	Name and Title:	_____
Address	<u>55 Vining Ct., #107</u>	Address:	_____
	<u>Ormond Beach, FL 32176</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

(conti.)

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: Chatchamol Sonprathet  
Address: 55 Vining Ct., #107  
Ormond Beach, FL 32176

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

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

*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 10/01/13  
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.*

Chatchamol Sonprathet 10/01/13  
Required Signature/Incorporator Date