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☐ PICK-UP

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

C. GOLDEN

APR -4 2017

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Lemongrass Thai Bistro, Inc.

Signature _____

Requested by: SETH

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

Art of Inc. File _____
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L.C. File _____
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Trade/Service Mark _____
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COVER LETTER

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

SUBJECT: Lemongrass Thai Bistro, 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: Phet + Thompson
Name (Printed or typed)

5306 Clifton Rd.
Address

Jacksonville, FL 32211
City, State & Zip

904-514-3442
Daytime Telephone number

Phet66@gmail.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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SECRETARY OF STATE

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be: Lemongrass Thai Bistro, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

14816 Old St. Augustine Rd.
Jacksonville, FL 32058

Mailing address, if different is:

5306 Clifton Rd.
Jacksonville, FL 32211

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all Lawful Restaurant Business

ARTICLE IV SHARES

The number of shares of stock is:

100 - Phil Thompson 80%
Carlos Valotha - 20%

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Phil Thompson, President

Address: 5306 Clifton Rd.
Jacksonville, FL 32211

Name and Title:

Address:

Name and Title: Carlos Valotha

Address: Sec/Tres
5306 Clifton Rd.
Jacksonville, FL 32211

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: Wendy Padgett

Address: 2495 Castaway Dr.
Jacksonville, FL 32224

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Wendy Padgett

Address: 2495 Castaway Dr.
Jacksonville, FL 32224

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

Wendy Padgett

Required Signature/Registered Agent

4/3/17

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.

Wendy Padgett

Required Signature/Incorporator

4/3/17

Date