

PO 9000034733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

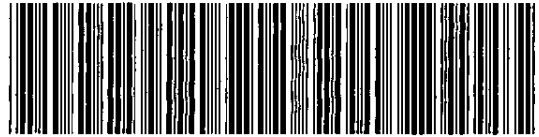
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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FILED

09 APR 17 PM 8:22

STATE OF OHIO  
RECORDS SECTION

PA

Van Lee  
14029 W Newberry Rd  
St # 30  
Gainesville, FL 32669

Request taken by: Irgable  
03-17-2009

The forms you recently requested from this office are:

- (1) 100. Profit Articles

Should you have any questions or need any further information,  
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

COVER LETTER

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

SUBJECT: 1<sup>ST</sup> NAILS OF JONESVILLE  
(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: VAN - T - LE  
Name (Printed or typed)

14029 - W - NEWBERRY - RD - STE # 30  
Address

GAINESVILLE - FL 32669 -  
City, State & Zip

(352) 331-9691  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 10, 2009

VA - T - LE  
14029 - W- NEWBERRY -RD- STE #30  
GAINESVILLE, FL 32669

SUBJECT: 1ST NAILS OF JONESVILLE  
Ref. Number: W09000014382

We have received your document for 1ST NAILS OF JONESVILLE and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Paisley A Alford  
Clerk  
New Filing Section

Letter Number: 009A00010294

**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:

1<sup>ST</sup> NAILS OF JONESVILLE, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

10512 - NW - 13<sup>TH</sup> AVE -  
GAINESVILLE FL 32606

**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: 1000

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

List name(s), address(es) and specific title(s):

VAN . T. LE (OWNER)  
14029 - W. NEWBERRY RD # 30 -  
GAINESVILLE - FL 32669

**ARTICLE VI REGISTERED AGENT**

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

VAN . T. LE  
14029 - W. NEWBERRY RD # 30  
GAINESVILLE FL 32669

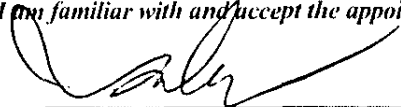
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

WILLIAM STEWART.  
P.O. BOX 5410  
ALACHUA - FL 32616

FILED  
APR 17 PM 8 22  
STATE OF FLORIDA  
CLERK OF THE CIRCUIT COURT

\*\*\*\*\*  
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/Registered Agent

03-18-09  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

03-18-09  
\_\_\_\_\_  
Date