

PN 000054833

(Requestor's Name)

(Address)

(Address)

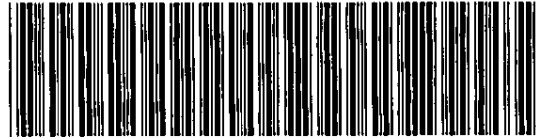
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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05/01/17--01032--007 **105.00

Special Instructions to Filing Officer:

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SECRETARY OF STATE
HALLWAY/500 FULTON BLVD
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JUN 26 2017
T SCHROEDER

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: LK NAILS SPA INCORPORATED

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

DUONG TRAN

Contact Person

TNT PERFECT SERVICES

Firm/Company

18554 ANCHOR DR

Address

BOCA RATON, FLORIDA 33498

City, State and Zip Code

TDUONG999@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DUONG TRAN

at (561) 4883299

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$105.00 Filing Fees \$113.75 Filing Fees and Certificate of Status \$113.75 Filing Fees and Certified Copy \$122.50 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

LK NAILS SPA LLC 44-192227

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LK NAILS SPA LIMITED LIABILITY COMPANY
(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)

on 12/17/2014
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

FLORIDA-USA

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

LK NAILS SPA INCORPORATED

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: _____
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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TALLAHASSEE, FLORIDA

Signed this 25 day of APRIL, 2017.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an incorporator: LARRY VO
Printed Name: LARRY VO Title: PREDIDENT

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: [Signature]
Printed Name: LARRY VO Title: PRESIDENT

Signature: [Signature]
Printed Name: THAO THI HO Title: VICE PRESIDENT

Signature: [Signature]
Printed Name: KRISTY T. NGUYEN Title: DIRECTOR

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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TALLAHASSEE, FLORIDA

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

ARTICLE I NAME LK NAILS SPA INCORPORATED
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
The principal place of business/ mailing address is:

Principal street address
21175 BISCAYNE BLVD, VENTURA FL 33180

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

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TALLAHASSEE, FL 32399

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LARRY VO (PRESIDENT)
Address: 2310 NW 65TH WAY
HOLLYWOOD, FL 33024

Name and Title: _____
Address: _____

Name and Title: THAO T. HO (VICE PRESIDENT)
Address: 2310 NW 65TH WAY
HOLLYWOOD, FL 33024

Name and Title: _____
Address: _____

Name and Title: KRISTY T. NGUYEN (DIRECTOR)
Address: 11560 S. OPEN CT
COOPER CITY, FL 33026

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: DUONG TRAN
Address: 18554 ANCHOR DR
BOCA RATON, FL 33498

ARTICLE VII INCORPORATOR

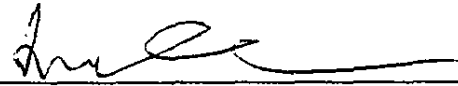
The name and address of the incorporator is:

Name: LARRY VO
Address: 2310 NW 65TH WAY
HOLLYWOOD, FL 33024

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

 4/26/2017
Required Signature/Registered Agent Date
Tran, DUONG N. or DUONG TRAN

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

 4/26/17
Required Signature/Incorporator Date
Larry Vo

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