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T. Burch MAR 2 6 2007

COVER LETTER

	ling Section n of Corporations		,			
SUBJECT: _	TAMMY	TAYLOR	NAILS, Non-must include suffix	<u> </u>		
	(Nar	ne of corporation	n - must include suffix)		
Dear Sir or Mad	lam:					
	Existence," and check ar			act Business in Florida," enced foreign corporation to		
Please return al	l correspondence concer	ning this matter	to the following:			
TANN	y Taylor					
	1 - 1	(Name of	•			
TAMMY	TAYLOR NA	HLS /NO		<u> </u>		
1	/	(Firm/Con	npany)			
18007	Sky Pari	K (IRCL (Addre				
RYINE	\mathcal{C}^{\prime}	92614	.33)			
_1 1/1/1/1/			nd Zip code)			
			• ,			
For further info	rmation concerning this	matter, please ca	ıll:			
TAMMYT	AVI DR	a (949	933-024	1		
(Name	(Name of Ferson) at (949) 933 - 0241 (Area Code & Daytime Telephone Number)					
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDR New Filing Section Division of Corpora P.O. Box 6327 Tallahassee, FL 32		Section Corporations 27				
Enclosed is a ch	eck for the following an	nount:				
\$70.00 Filing	Fee \$78.75 Filin Certificate		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy		



RECEIVED

FLORIDA DEPARTMENT OF STOYING 26 PM 2: 16 Division of Corporations

March 14, 2007

DEPARTMENT C DIVISION OF CORE TALLAHASSEE,

記[に報] つき

TAMMY TAYLOR 18007 SKY PARK CIRCLE #E IRVINE, CA 92614

SUBJECT: TAMMY TAYLOR NAILS INC

Ref. Number: W07000012755

We have received your document for TAMMY TAYLOR NAILS INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the address in number 7.

Please return 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) 245-6928.

Tim Burch Document Specialist

Letter Number: 607A00018003

APPLICATION BY FUREIGN CURPORATION FOR AUTHURIZATION TO TRANSACT		
BUSINESS IN FLORIDA	22	
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	2007 MAR 2	Ξ
(Enter name of forporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"	26	<u> </u>
"Inc.," "Co.," "Corp," "Inc," "Co." or "Corp.")	PH 2: 5	Ö
D- 1	N,	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)		
2 <u>CA</u> 3. <u>33-0706338</u>		
(State or country under the law of which it is incorporated) (FEI number, if applicable)		
4. 5/9/1996 5. PERPETUAL		
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")		
6		
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)		
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty flability)	2	2019
7. TIST KINGSDOINTE TARKWAY STE 127, Orlando, + 11	4),	2817
(Principal office address)	14	7101
7. 7751 KINGSDOINTE PARKWAY STE 127, Orlando, F/A (Principal office address) 1. 7751 Kingspointe Parkway Ste 127, Orlando, F (Current mailing address)	/A .	ا حر2 ا
8. Any SAU LAWFUL BUSINESS (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)		
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)		
Name: BARBARA BARNETTE		
Office Address: 13564 FALCON POINTE DR.		
00.000		
(City), Florida 32837 (Zip code)		
10. Registered agent's acceptance:		
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity.		
further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duti		

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS		
Chairman: JAMMY JAYLOR		
Address: 18007 / Sky PARK CIRCLE # E	T _S	20
IRVINE CA 92614	EGRE -	97 M
Vice Chairman:	TAS	ÂR 2
Address:		ر و ا
	-	<u>い</u> 翌 で
Director:		ນ ດາ
Address:		
Director:		
Address:		
B. OFFICERS		
President: TAMMY TAYLOR		
Address: 18007 Sky PARK CIRCLE #E		
leure On armi		
Vice President:		
Address:		
Consideration		-
Secretary:		
Address:		
Treasurer:		
Address:		
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or dir	ectors.	
13. x lamm lash		
(Signature of Director or Officer listed in number 12 of the application)	. ,	
14. TAMEY TAILOR (Typed or printed name and capacity of person signing application)		
A A LANCORU DI URCO HARRE ADD CADACHA OF DELEGO MORRO ADDITEMBADA		

SECRETARY OF

007 MAR 26 PH 2: 5

State of California Secretary of State

CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That on the 9th day of May, 1996, TAMMY TAYLOR NAILS, INC. became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 1, 2007.

Chia Bowen

Secretary of State