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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

то:	New Filing S Division of C				
SUBJ	JECT:	SPA#1NAILS,	INC.		
		Name of corpo	ration	- must include suffix	
Dear S	Sir or Madam:				
"Certi	ficate of Existe	cation by Foreign Corporation nce," or "Certificate of Good eign corporation to transact to	d Stan	ding" and check are sub	
Please	return all corre	espondence concerning this	matter	to the following:	
		FRA	VKLIN	IT. LY	
	****	Nai	ne of	Person	
		FRANKLIN ACCOL	JNTIN	G & TAX SERVICES	
		Firn	ı/Con	npany	
		4166 BUFORD	HWY	' SUITE 1118-H16	
			Addre	ess	
		ATLA	ANTA,	GA 30345	
				nd Zip code	
		FRANKLINACCO	אודאע	IG@GMAIL.COM	
		E-mail address: (to be	used 1	for future annual report r	notification)
For fu	rther information	on concerning this matter, pl	ease c	eall:	
	FRANKLIN T	LY at (404	325-3320	
	Name of Per	son at C	Area (Code & Daytime Teleph	one Number
	New Filing S Division of C Clifton Build 2661 Executi Tallahassee,	Corporations ing ve Center Circle FL 32301		MAILING A New Filing Se Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7
Enclos	sed is a check for	or the following amount:			
□ \$70	0.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

-				
•	lable in Florida, enter alternate corporate na	ıme adopt		in Florida)
GEORGIA (State or country under the law of which it is incorporated)			(FEI number, if applicable)	
	•		Perpetual	
	/29/2003			
(Date	e of incorporation)	(Du	ration: Year corp. will cease to exist or "	perpetuai")
	(Date first transacted busine (SEE SECTIONS 607.1501 & 60			
			•	
4000-4706 N. GOLDENROD ROAD. WINTER PARK, FL 32792 (Principal office address)				
	•	ŕ		
	2528 STAFFORD PLAC		RAVILLE, GA 30340	
	(Current mailing	address)		
	NAILS & SPA SE	DVICES		
(Purnose(s) of corporation authorized in home state of		to be carried out in state of Florida)	
` .	•	•	•	<u>ب</u> د
Name and stre	et address of Florida registered agent: ((P.O. Bo	NOT acceptable)	PSI C
Name:	THANH KHANH TRAN			5部 年
fice Address:	5601 PENDLETON RD.			TARY
	ORLANDO		, Florida <u>32839</u>	mg.
	(City)		(Zip code)	6

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. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(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:

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A. DIRECTORS			
Chairman: THANH KHANH TRAN	10 JUL 12 PN 4: 22		
Address: 5601 PENDLETON RD., ORLANDO, FL 32839	SECRETARY OF STATE TALLAHASSEE FLORIDA		
Vice Chairman: JIMMY THANH NGUYEN			
Address: 2528 STAFFORD PLACE. DORAVILLE, GA 30340			
Director:			
ddress:			
Director:			
ddress:			
President: THANH KHANH TRAN Address: 5601 PENDLETON RD.	<u></u> .		
ORLANDO, FL 32839			
Vice President: JIMMY THANH NGUYEN			
Address: 2528 STAFFORD PLACE. DORAVILLE, GA 30340			
2528 STAFFORD PLACE. DORAVILLE, GA 30340			
ecretary: JIMMY THANH NGUYEN			
Address: 2528 STAFFORD PLACE. DORAVILLE, GA 30340			
reasurer:			
Address:			
NOTE: If necessary, you may attach an addendum to the application listing			
(Signature of Director of Officer listed in number 12 of	of the application)		
(Typed or printed name and capacity of person signi	H NGUYEN		

Control No. 0341669

STATE OF GEORGIA

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

SPA #1 NAILS, INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 07/29/2003 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 30th day of June, 2010

B:Ph

Brian P. Kemp Secretary of State

Certification Number: 6015498-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp