

L11000065720

(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



700199786037

04/04/11--01037--028 \*\*130.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JUN - 6 PM 12:46

N. Sullivan JUN - 6 2011



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 26, 2011

NGHIA HUU LE  
4793 HWY 990  
PACE, FL 32571

SUBJECT: LUCKY NAILS BY N&V, LLC  
Ref. Number: W11000029114

We have received your document for LUCKY NAILS BY N&V, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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) 245-6067.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 111A00013052

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LUCKY NAILS BY N&V, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nghia Huu Le

Name of Person

Lucky Nails

Firm/Company

4793 Hwy 90

Address

Pace, Florida 32571

City/State and Zip Code

typhun@yahoo.com

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

For further information concerning this matter, please call:

Angie Hawker

Name of Person

at ( 850 ) 932-8410

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

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

**Street/Courier Address**

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Lucky Nails by N&V, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

4793 Hwy 90  
Pace, FL 32571

#### Mailing Address:

4793 Hwy 90  
Pace, FL 32571

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Angie Hawker

Name

955 Grand Canal St.

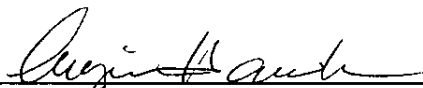
Florida street address (P.O. Box **NOT** acceptable)

Gulf Breeze FL 32563

City, State, and Zip

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JUN - 6 PM 12:46

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:****Manager**

Nghia Huu Le  
2307 W. Lakeview Ave  
Pensacola, FL 32505

**Managing Member**


Van Thanh Lai  
2307 W. Lakeview Ave.  
Pensacola, FL 32505

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury 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.)

Nghia Huu Le

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JUN -6 PM 12:46