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(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:					
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L. SELLERS					

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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 11, 2012

TRINH TRUONG 6032 105TH AVENUE N PINELLAS PARK, FL 33782

SUBJECT: KIM NAILS

Ref. Number: W12000047008

We have received your document for KIM NAILS and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." andthe word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

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) 245-6051.

Leslie Sellers Regulatory Specialist II

Letter Number: 512A00022935

COVER LETTER

TO:							
SUBJI	ECT.	Kim	Mails	Pinel	los Lic		
SUBJI	ECT:	1 1	Name of Limi	ted Liabil	ity Company	<u>-</u>	
The en	iclosed Article	es of Organization a	and fee(s) are	submitted	1 for filing.		
Please	return all cor	respondence concer	ning this mat	ter to the	following:		
		Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address Registration Section Division of Corporations P.O. Box 6327 Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)					
			40	Name of	Person		
		 		Firm/Co	ompany		
		6032	105+0	Ave	N		
			-	Addı	ress		
		Pinella	s Pork	FL	33782		
			Ci	ty/State an	d Zip Code		
	- <u>-</u>	E-mail addre	ss: (to be used	for future	annual report notificati	on)	
For fu	rther informat	ion concerning this	matter, pleas	e call:			•
(716i 1	Vauuen		at (127 525	5- 2	428
	N	ame of Person		(Area Code & Daytime	Teleph	one Number
Enclo	sed is a chec	ck for the following	ng amount:				
] \$125	.00 Filing F		_	Cer	tified Copy		Certificate of Status & Certified Copy
		Registration Division of	Section Corporations 27		Registration Section Division of Corpora	ntions nter Cir	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:					
Kim Nails Pinellas (Must end with the words "Limited Liability	Y Company, "L.L.C.," or "LLC.")				
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
6121 Park Blud Pinelias Park Fl. 33782	6032 105th Ave N Pinelias Pork FL 33782				
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another				
The name and the Florida street address of the re	gistered agent are:				
TRINH TRUON	<u> </u>				
Name	4.40 .4				
6032 10 Str					
Florida street address (P.O. Box <u>NOT</u> acceptable) Pinellas Park _{FL} 33782					
	te, and Zip				
liability company at the place designated in the registered agent and agree to act in this capacit	ccept service of process for the above stated limited as certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of a performance of my duties, and I am familiar with				

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Memb	Name and Address:							
MbR	TRINH TRUONG 6032 108th AVEN Pinellas Park Fl 33782							
(Use attachment if necessary)								
	than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business day filing.)							
REQUIRED SIGNATURE								
	C/Jun							
Signature of	a member or an authorized representative of a member.							
constitutes an affirma I am aware that any fa	ection 608.408(3), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true. alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.)							
	Typed or printed name of signee							

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)