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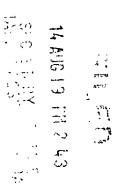
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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<u> </u>
Special Instructions to Filing Officer:





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06/30/14--01029--007 **125.00





FLORIDA DEPARTMENT OF STATE Division of Corporations

July 1, 2014

TIEN NGUYEN 20342 NW 2ND AVE MIAMI GARDENS, FL 33169

SUBJECT: THE TIEN GIANG NGUYEN CORPORATION, LLC D.B.A. A1 NAILS

& SPA

Ref. Number: W14000040615

We have received your document for THE TIEN GIANG NGUYEN CORPORATION, LLC D.B.A. A1 NAILS & SPA and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Limited Liability Companies are not corporations. Limited Liability Companies are unique business entities with special characteristics and attributes formed under Chapter 605, Florida Statutes. Corporations, on the other hand, are formed under Chapter 607, Florida Statutes, and possess other distinctive traits and characteristics. Consequently, limited liability company documents cannot contain any references/terms which may implicate the entity is a corporation. Please delete any references to the term "corporation" or the like from your document.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 514A00014187

COVER LETTER

TO:	Registration S Division of Co				
SUBJI	ECT: <u>THE TIE</u> N	N GIANG NGUYEN CO Name of Li	RPORATION, LL imited Liability Co		
The en	closed Articles of	f Organization and fec(s)	are submitted for fi	iling.	
Please	return all corresp	ondence concerning this r	natter to the follow	ving:	
	MRS. TIEN	I GIANG NGUYEN	Name of Perso	<u> </u>	
	A1 NAILS	& SPA	Firm/Compan	y	
	20342 NW	2ND AVENUE	Address		
	MIAMI GAI	RDENS, FLORIDA, 331	69 City/State and Zip	Code	
		E-mail address: (to be us	ed for future annua	ıl report notifica	ition)
For fu	ther information	concerning this matter, plo	ease call:		
TONY	'NGUYEN Name	at (305) 974 Area Code	4-5796 Daytime Tel	ephone Number
Enclos	ed is a check for	the following amount:			
च \$ 125.6	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155,00 Fili Certified Co (additional cop	ру	☐ \$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 L	iability Company is:					
(Mus	TIEN GIANG NGUY			or "LLC.")		
ARTICLE II - Address:	reet address of the principal of					
Principal Office Address:	<u>.</u>	Mailin	g Address:			
20342 NW 2ND AVENU MIAMI GARDENS, FLO			NW 2ND AVENU GARDENS, FLO			
(The Limited Liability Con-	d Agent, Registered Office, on the same of the desired of the same	Registered			ual or	
The name and the Florida s	street address of the registered	agent are:	·	<u></u> 과 (0)	د يب	
RE	EGINALD G. MARTIN, c/o A	II Univers	se Insurance Fina	. :5	# # G	
	Name				<u>ਨ</u>	÷ ₹#•
	20328 NW 2nd				دي	7
FI	orida street address (P.O. Box	NOT acc	eptable)	1		, j
	Miami Gardens	FL	33169		65	2104.5
	City		Zip	, , •	ည်	
the place designated in capacity. I further agree	Registered Agent's Signat	the appoint of all statuting attions of er 605, F.S.	ntment as registered es relating to the pro my position as regis	agent and agree to oper and complete p	y compo act in to perform	his ance
	(CONTINUI	ED)				

Page 1 of 2

fitle:	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	
AMBR/MGR	Mrs. TIEN GIANG NGUYEN
	3550 NW 104TH AVENUE, APT. 23
	CORAL SPRINGS, FLORIDA, 33065
•	
	
	
ctive date is listed, the date must b	date of filing:
EV: Effective date, if other than the ctive date is listed, the date must b filling.) EVI: Other provisions, if any.	e specific and cannot be more than five business days prior to or 90 d
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