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TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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-12/12/00--01119--004
*****87.50   *****87.50

SUBJECT: ~~NAILS~~ NAILS+, INC.

(PROPOSED CORPORATE NAME – **MUST INCLUDE SUFFIX**)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ **$70.00**
Filing Fee

☐ **$78.75**
Filing Fee
& Certificate of Status

☐ **$78.75**
Filing Fee
& Certified Copy

☑ **$87.50**
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: TOM D. NGUYEN
Name (Printed or typed)

8370 SW 40 ST.
Address

MIAMI, FL. 33155
City, State & Zip

(305) 487-4879 (305-487-4879)
Daytime Telephone number

FILED
00 DEC 12 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/12/18

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be:

NAILS+, INC.

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:

8370 S.W. 40 STREET
MIAMI, FL. 33155

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

NAIL SALON

ARTICLE IV SHARES
The number of shares of stock is:

100 SHARES AT $1.00 EACH.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)
The name(s) and address(es):

TOM D. NGUYEN
20 N.W. 203 TERR. #C-25
MIAMI, FL. 33169.

ARTICLE VI REGISTERED AGENT
The **name and Florida street address** of the registered agent is:

TOM D. NGUYEN
20 N.W. 203 TERRACE #C-25
MIAMI, FL. 33169.

ARTICLE VII INCORPORATOR
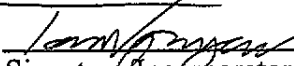The **name and address** of the Incorporator is:

TOM D. NGUYEN
20 N.W. 203 TERRACE #C-25
MIAMI, FL. 33169.

****

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

_____   12/7/2000
Signature/Registered Agent   Date

_____   12/7/2000
Signature/Incorporator   Date