

P01000023204

TRANSMITTAL LETTER

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

300003501323--0
-01/30/01--01052--010
*****70.00 *****70.00

SUBJECT: Perfect Nails & Tan, PNC.
(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: DAVID - DO
Name (Printed or typed)

4467 Lafayette St.
Address

Marianna, Fla. 32406
City, State & Zip

850-482-8863
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAR -5 PM 12:46

FILED

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

T. Burch MAR 6 2001



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

February 1, 2001

DAVID-DO
4467 LAFAYETTE STREET
MARIANNA, FL 32448

SUBJECT: PERFECT NAILS, INC.
Ref. Number: W01000002382

We have received your document for PERFECT NAILS, INC. and your check(s) totaling \$70.00. 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.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document must state the number of shares of authorized stock.

Please return the 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) 487-6928.

Tim Burch
Document Specialist

Letter Number: 901A00006086

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:

Do's Perfect Nails and Tan, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4467 Lafayette Street, Marianna, FL 32448

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide nail technician services for a profit.

ARTICLE IV SHARES

The number of shares of stock are:

100 shares for David Do, 100 shares for Lien Do - Total shares 200

ARTICLE VI REGISTERED AGENT

The name ad Florida street address of the registered agent is:

David Do, 4467 Lafayette Street, Marianna, FL 32448

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

David Do, 4467 Lafayette Street, Marianna, FL 32448

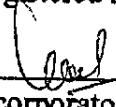
Having been named as registered agent to accept service of process for the above stated corporation at the placed designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

2-23-01

Date



Signature/Incorporator

2-23-01

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAR -5 PM 12:46

FILED