TRANSMITTAL LETTER

PO1000035832

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

SUBJECT:	PROPOSED CORPORA	(V C & TE NAME – <u>MUST INCI</u>	UDE SUFFIX)	_
-		,	\$ 0000139!56: 114/04/0101 *****70.00	1 []
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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM: LIEN KIM THI NGRUYEN Name (Printed or typed)				
13508 LAS BUISAS WAY N Address				
TACKSON VILLE T 1 32224 - 10000 SEE TO				
Daytime Telephone number				

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME The name of the corporation shall be:	
Good NAILS INC.	•
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
3915 AIA South Suit # 106	
ST AUGUSTINE - FL 32080 <u>ARTICLE III PURPOSE</u> The purpose for which the corporation is organized is: MANICULING / PEDICULING / NAIL EXTENSION	specialist
ARTICLE IV SHARES The number of shares of stock is:	, · · · ·
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es): NONE	9 9 9
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:	- <u>1</u>
LIEN KIM THI NGUYEN	5 8
3915 AIA South suit#106	
GT AUGUSTINE - EL 32080 ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is: Lien Kim THI NGUYEN	
3915 AIA South Suit # 106	
£*************************************	********
Having been named as registered agent to accept service of process for the above stated co- certificate, I am familiar with and accept the appointment as registered agent and agree to	rporation at the place designated in this act in this capacity
Rankmilingue	4/1/01
Signature/Registered Agent	Date 1 1
Lenkindinge	4/1/01
Signature/Incorporator	Date