

# P02000105492

## TRANSMITTAL LETTER

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

SUBJECT: New Image, 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  
& Designation of  
Registered Agent

☐ \$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: Stephen Simone, CPA  
Name (Printed or typed)  
6439 Central Avenue  
Address  
St. Petersburg, FL 33710-8411  
City, State & Zip  
(727) 341-0272  
Daytime Telephone number

200007459822--6  
-09/03/02--01003--022  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

FILED  
2002 SEP 30 PM 12:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

2544  
W02-25840

10/1/02



**FLORIDA DEPARTMENT OF STATE**

**Jim Smith**  
Secretary of State

**FILED**

2002 SEP 30 PM 12:21

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

September 6, 2002

STEPHEN SIMONE, CPA  
6439 CENTRAL AVENUE  
ST. PETERSBURG, FL 33710-8411

SUBJECT: NEW IMAGE, INC.  
Ref. Number: W02000025840

We have received your document for NEW IMAGE, INC. and your check(s) totaling \$78.75. 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.**

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) 245-6973.

Claretha Golden  
Document Specialist  
New Filings Section

Letter Number: 802A00051412

**ARTICLES OF INCORPORATION**

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

**FILED**

2002 SEP 30 PM 12:28

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I – NAME**

The name of the corporation shall be:

New Image Enterprises, Inc.

**ARTICLE II – PRINCIPAL OFFICE**

The principal place of business/mailling address is:

7200 US Highway 19 North, Suite 760  
Pinellas Park, FL 33781

**ARTICLE III – PURPOSE**

The purpose for which the corporation is organized is: To transact any business that a corporation may engage in under the laws of the State of Florida.

Nail Salon

**ARTICLE IV - SHARES OF STOCK**

The number of shares of stock is:

100 Shares @ \$1 par value

**ARTICLE V – INITIAL OFFICERS/DIRECTORS**

The name(s) and address(es):

Coy V. Bentley, President  
7200 US Highway 19 North, Suite 760  
Pinellas Park, FL 33781

Han Ly, Secretary/Treasurer  
7200 US Highway 19 North, Suite 760  
Pinellas Park, FL 33781

ARTICLE VI – REGISTERED AGENT

The name and Florida street address of the registered Agent is:

Stephen Simone, C.P.A.  
Stephen Simone, P.A.  
6439 Central Avenue  
St. Petersburg, FL 33710-8411

ARTICLE VII – INCORPORATOR

The name and address of the Incorporator is:

Coy V. Bentley  
7200 US Highway 19 North, Suite 760  
Pinellas Park, FL 33781

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

28 day of August, 2002.

 Coy Bentley 8/28/02  
Name Date

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Name Date

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida submits the following statement in designating the Registered Office/Registered Agent, in the State of Florida.

1. The name of the Corporation is:

New Image Enterprises, Inc.

2. The name and address of the registered agent and office is:

Stephen Simone, C.P.A.  
Stephen Simone, P.A.  
6439 Central Avenue  
St. Petersburg, FL 33710-8411

**FILED**  
2002 SEP 30 PM 12:28  
STATE  
TALLAHASSEE FLORIDA

Having been named as Registered Agent and to accept service of process for the above-stated corporation at the place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Signature: \_\_\_\_\_

