

PO3000105524

(Requestor's Name)

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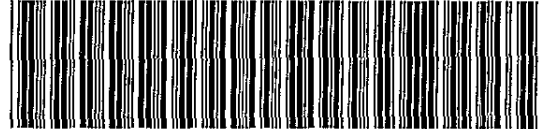
(Business Entity Name)

(Document Number)

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03 SEP 25 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mx 9/2

TRANSMITTAL LETTER

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

SUBJECT: PRO NAILS, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: DUC TRINH
Name (Printed or typed)

7400 W. COMMERCIAL BLVD
Address

FT. LAUDERDALE FL 33319
City, State & Zip

954 748 9020
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 15, 2003

DUC TRINH
7400 W. COMMERCIAL BLVD.
FT. LAUDERDALE, FL 33319

SUBJECT: D.T. PRO NAILS
Ref. Number: W03000022291

We have received your document for D.T. PRO NAILS and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 245-6067.

Neysa Culligan
Document Specialist
New Filings Section

Letter Number: 803A00045145

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03 SEP 25 AM 10:03
SECTION 1 STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

D.T. PRO NAILS, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

ADDRESS	7400 W. COMMERCIAL Blvd		
CITY	FT. LAUDERDALE	State	FL ZIP 33319

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The transaction of any or all lawful business for which corporations may be incorporated under the Florida Corporation act.

ARTICLE IV SHARES

The aggregate number of shares of stock is:

One hundred(100) of no par value

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

NAME	DUC TRINH		
ADDRESS	7400 W. COMMERCIAL BLVD		
CITY	Ft Lauderdale	State	FL ZIP 33319

ARTICLE VI REGISTERED AGENT

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

NAME	DUC TRINH		
ADDRESS	7400 W. COMMERCIAL BLVD		
CITY	Ft Lauderdale	State	FL ZIP 33319

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

NAME	DUC TRINH		
ADDRESS	7400 W. COMMERCIAL BLVD		
CITY	Ft Lauderdale	State	FL ZIP 33319

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.

Duc Trinh 9-20-03
Signature/Registered Agent Date

Duc Trinh 9-20-03
Signature/Incorporator Date

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03 SEP 25 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA