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| (Requestor's Name)                      |        |  |  |  |
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| (Address)                               |        |  |  |  |
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| (Address)                               |        |  |  |  |
|   |        |  |  |  |
| (City/State/Zip/Phone #)                |        |  |  |  |
| PICK-UP WAIT MAIL                       |        |  |  |  |
|   |        |  |  |  |
| (Business Entity Name)                  |        |  |  |  |
|   |        |  |  |  |
| (Document Number)                       |        |  |  |  |
| Certified Copies Certificates of Status |        |  |  |  |
| <del></del>                             |        |  |  |  |
| Special Instructions to Filing Officer: |        |  |  |  |
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Office Use Only



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SEGRETARY OF STATE ALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

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

| SUBJECT: Love                     | ly Nails M&T Inc.                  |                           |                                       |  |
|-----------------------------------|------------------------------------|---------------------------|---------------------------------------|--|
|                                   | (PROPOSED CORPORA                  | TE NAME – MUST INCL       | udesufax)                             |  |
|                                   |                                    |                           |                                       |  |
|                                   |                                    |                           |                                       |  |
| Enclosed are an orig              | inal and one (1) copy of the artic | cles of incorporation and | a check for:                          |  |
| \$70.00                           | \$78.75                            | <b>□</b> \$78.75          | \$87.50                               |  |
| Filing Fee                        | Filing Fee                         | Filing Fee                | Filing Fee,                           |  |
| ~                                 | & Certificate of Status            | & Certified Copy          | Certified Copy                        |  |
|                                   |                                    |                           | & Certificate of                      |  |
|                                   |                                    |                           | Status                                |  |
|                                   |                                    | ADDITIONAL CO             | PY REQUIRED                           |  |
| FROM. C                           | uong M. Nguyen                     |                           |                                       |  |
|                                   | Name                               | (Printed or typed)        |                                       |  |
|                                   | 110 B Florier Plaza Drive          |                           |                                       |  |
| 119 B Flagler Plaza Drive Address |                                    |                           |                                       |  |
|                                   | r                                  | 1001055                   |                                       |  |
|                                   | Palm Coast, Fl. 32137              |                           |                                       |  |
| ,                                 | City,                              | State & Zip               | · · · · · · · · · · · · · · · · · · · |  |
|                                   | 386 - 439-082                      | a                         |                                       |  |
| •                                 |                                    | elephone number           |                                       |  |

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

your wy

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#### ARTICLES OF INCORPORATION

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

03 DEC -4 PM 2:05 SECRETARY OF STATE

TALLAHASSEE, FLORIDA

#### ARTICLE I NAME

The name of the corporation shall be: Lovely Nails M&T Inc.

### ARTICLE JI PRINCIPAL OFFICE

The principal place of business/mailing address is: 119 B Flagler Plaza Drive Palm Coast, Fl. 32137

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide professional nail care to the public.

#### ARTICLE IV SHARES

The number of shares of stock is: 600 Shares @ \$1.00 a share. Split equally between the corporate officers.

#### ARTICLE V\_INITIAL OFFICERS AND/OR DIRECTORS

List name(s); address (es) and specific title(s); Cuong M. Nguyen: President & Treasurer 57 Eastwood Dr., Palm Coast, Fl. 32164

Thu M. Nguyen: Vice President & Secretary 57 Eastwood Dr., Palm Coast, Fl. 32164

#### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: Cuong M Nguyen, 57 Eastwood Dr., Palm Coast, Fl. 32164

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: Cuong M. Nguyen, 57 Eastwood DR., Palm Coast, Fl. 32164

#### ARTICLE VIII EFFECTIVE DATE

The effective date of incorporation shall be January 1, 2004.

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

Signature Registered Agent

Date 18-07-03

Signature/Incorporator

Date 12-01-03