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(Re	qu es tor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies		s of Status
Special Instructions to I	Filing Officer:	



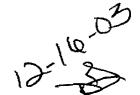


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12/10/03--01062--003 **3.75

12/10/03--01062--002 **75.00

SECRETARY OF STATE



TRANSMITTAL LETTER

SUBJECT: NEW YORK NAILS JM, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

Enclosed are an or	riginal and one (1) copy of the ar	ticles of incorporation and	l a check for:	
☐ \$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM: _	RACHEL ZHANG Nam	e (Printed or typed)		-
	C/O 136 BOWERY SUITE 2	203Address	<u>,≒-</u> ₹	
	NEW YORK, NY 10013	, State & Zip	· · · · · · · · · · · · · · · · · · ·	; .
	212-334-5169 Daytime	Telephone number	<u> </u>	• •:

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

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:

NEW YORK NAILS JM, INC.

FILED

03 DEC 10 PM 6:44

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

272 3RD STREET SOUTH ST. PETERSBURGH, FL 33701

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO OPERATE A NAIL SALON

ARTICLE IV SHARES

The number of shares of stock is:

200 SHARES / NO PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

MING JIE CHEN / PRESIDENT 334 OAK PARK PL., CASSELBERRY, FL 32707

QIN CHEN / VICE-PRESIDENT 6056 LYNNLAKE DR. SOUTH, ST. PETERSBURG, FL 33712

ARTICLE VI REGISTERED AGENT

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

MING JIE CHEN 334 OAK PARK PL CASSELBERRY, FL 32707

ARTICLE VII _ INCORPORATOR

The name and address of the Incorporator is:

QIN CHEN 6056 LYNNLAKE DR. SOUTH ST. PETERSBURGH, FL 33712

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

12/09/2003

Signature/Registered Agent

Date

12/09/2003

Date

Signature/Incorporator