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| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
| , | | | | |
| (Document Number) | | | | |
| (, | | | | |
| Certified Copies Certificates of Status | | | | |
| Solution copies column | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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DIVISION OF COSE DESTION

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TRANSMITTAL LETTER

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

| SUBJECT: | NAILS BY CONNIE, IN | IC. | | |
|----------------------|-------------------------------------|----------------------------|--|--|
| | (PROPOSED CORPORA) | TE NAMÉ – <u>MUST INCL</u> | UDE SUNTX) | |
| | | | | |
| Enclosed are an orig | tinal and one (1) copy of the artic | cles of incorporation and | a check for: | |
| \$70.00 Filing Fee | \$78.75 Filing Fee | \$78.75 Filing Fee | □ \$87.50 Filing Fee, | |
| | & Certificate of Status | & Certified Copy | Certified Copy & Certificate of Status | |
| | | ADDITIONAL CO | | |
| FROM: | Thomas Long | (Printed or typed) | <u> </u> | |
| | Name | (rrinted or typed) | | |
| | 1064 Mineola Circle | | | |
| | Address | | | |
| | Palm Harbor, Flori | ida 34683 | | |
| | City, State & Zip | | | |
| | (813) 884-8024, Ex | and the second second | | |
| | Daytime Telephone number | | | |

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:

NAILS BY CONNIE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1064 Mineola Circle Palm Harbor, Florida 34683

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The corporation may engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

100 Common Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Director & President Connie Long 1064 Mineola Circle Palm Harbor, Florida 34683 Director & Treasurer Thomas Long 1064 Mineola Circle Palm Harbor, Florida 34683

ARTICLE VI REGISTERED AGENT

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

Thomas Long 1064 Mineola Circle Palm Harbor, Florida 34683

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Thomas Long 1064 Mineola Circle Palm Harbor, Florida 34683

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 Thomas Long

Signature/Incorporator-Thomas Long

12/19/03 Date

12/19/03 Date