

P040000 30 398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

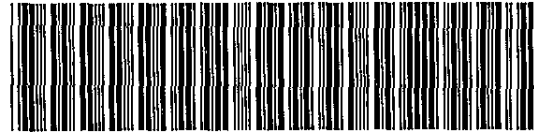
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2004 FEB -9 P 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Date 1-29-04

Division of Corporations

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

Dear Secretary of State,

Please be advised that I/we request approval to establish a corporation in the State of Florida with the name CUSTOM NAILS, INC

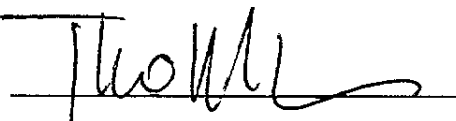
Enclosed are the original Articles of Incorporation and a check to cover the cost of filing fee and designation of a Registered Agent. The check amount is \$ 27.50.

Please return the enclosed copy of the Articles of Incorporation stamped with the filing date to the Registered Agent at the following address:

| | |
|---------------|---|
| Name: | <u>THO LY</u> |
| Address: | <u>1749 N UNIVERSITY DRIVE</u> <u>Plantation, FL 33322</u> |
| Telephone No: | <u>954-227-7289</u> |

Thank You.

Sincerely,


Registered Agent

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:

CUSTOM NAILS, INC

ARTICLE II - PRINCIPAL OFFICE

The principal place of business/mailling address is:

| | | | |
|---------|-------------------------|-------|--------------|
| ADDRESS | 1749 N UNIVERSITY DRIVE | | |
| CITY | PLANTATION | State | FL ZIP 33322 |

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 | THO LY | | |
| ADDRESS | 1749 N UNIVERSITY DRIVE | | |
| CITY | PLANTATION | State | FL ZIP 33322 |

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TALLAHASSEE, FLORIDA

ARTICLE VI - REGISTERED AGENT

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

NAME THO LY

ADDRESS 1749 N UNIVERSITY DRIVE

CITY PLANTATION State FL ZIP 33322

ARTICLE VII - INCORPORATOR

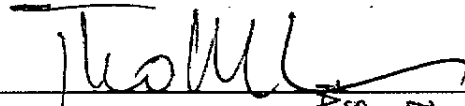
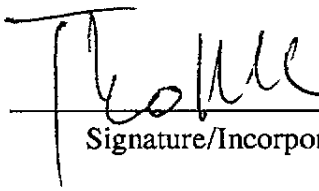
The name and address of the Incorporator is:

NAME THO LY

ADDRESS 1749 N UNIVERSITY DRIVE

CITY PLANTATION State FL ZIP 33322

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

Signature/Incorporator Date
2009 FEB -9 P 12:55
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SECRETARY OF STATE
TALLAHASSEE FLORIDA