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## TRANSMITTAL LETTER

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

SUBJECT:	KIM TIEN INC.	VIENAME-MUSTINGE	IIDE CHESTA		
	(I KOI OSED COM OK	THE NAME - WOST MOS	ODE SOTFIA)		
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:	ı	
☐ \$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		
		ADDITIONAL CO	Status		
FROM:	Kim T NGW	EN (Printed or typed)			
	1878 VINA	Address		O4 JUN	SEC
-	CHULUOTA City	FL 32766-5	3899	JN 17 PH	
-	407- 971-1 Daytime	4 13 Telephone number		4 1: 3	( <u>华</u> 市市

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME	
The name of the corporation shall be:	
KIM TIEN, INC.	
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
1878 VINA CT. CHULUOTA, FLORIDA 32766-8899	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
STARTING A NEW HAIRSTYLING BUSINESS	
ARTICLE IV SHARES	
The number of shares of stock is:	o 5
10,000	F 1
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	SECRE FARE AND 17
KIM T. NGUYEN, PRESIDENT + SECRETARY	<b>R</b> 55
TROY V. NGUYEN VILE PRECIDENT + TREASURER	1: 36
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> of the registered agent is:	
TROY V. NOUYEN 1878 VINA CT. CHULUOTA, FL 327	- 8899
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
KIM T. NEWEN 1878 VINA CT. CHULLOTA, FL 32766	- 8899
***********************************	
Having been named as registered agent to accept service of process for the above stated corporation at the place desi certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	gnated in this
Tray Nature TROY V NGUYEN  Signature Registered Agent  TROY V NGUYEN  6/14/04  Date	_

Signature/Incorporator