

P04000126567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

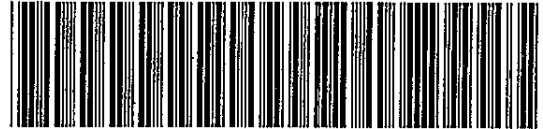
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600040528036

09/01/04--01011--002 **78.75

FILED
04 SEP -1 PM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9-2-04

**SECRET NAILS & SPA, INC.
4550 EXECUTIVE DR.
NAPLES, FL 34116**

Division of Corporations
P. O. Box 6327
Tallahassee, FL 32301

Re: Filing of Articles of Incorporation for **SECRET NAILS & SPA, INC..**

Dear Sirs:

I enclose the original of the Articles of Incorporation for **SECRET NAILS & SPA INC.** Further enclosed is my check in the amount of \$78.75 payable to the Florida Department of State.

Please file the original of the Articles and return your receipt and Certified Copy.

If you have any further questions or require additional information, please do not hesitate to contact me.

Thank you for your assistance in this matter.

Very truly yours,


NINA T. LE, President

HW/jaa

Enclosures

Fees as follow:

Certified Copy
Filing Fee for Articles
Registered Agent

**ARTICLES OF INCORPORATION
Of**

SECRET NAILS & SPA, INC.

FILED
04 SEP -1 PM 2: 22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, for the purposes of forming a Corporation under Section 607.164 of the Florida General Corporation Act, do hereby certify as follows:

**Article I
Corporate Name and Address**

The name of the Corporation is **SECRET NAILS & SPA, INC.**, and the street address of the Corporation is:

**4550 EXECUTIVE DR.
NAPLES, FL 34116**

**Article II
Corporate Purposes**

The Corporation is organized to function as **NAIL SALON** and any related business services and to otherwise engage in any activity or business permitted under the laws of the United States of America and in the state of Florida.

**Article III
Authorized Stock**

The aggregate number of shares of the Corporation shall be 50,000, of which 1,000 are to be issued as voting common stock with a par value of \$1.00.

**Article IV
Registered Office and Registered Agent**

The street address of the initial registered office of the Corporation in the state of Florida shall be:

**NINA T. LE
270 MENTOR DR.
NAPLES, FL 34110**

The name of the initial registered agent of the Corporation at the registered office shall be **NINA T. LE**.

Article V
Initial Board of Directors

The initial Board of Directors of the Corporation shall be comprised of 1 person. The name and address of the initial Director is as follows:

NAME

ADDRESS

NINA T. LE

4550 EXECUTIVE DR. NAPLES, FL

Article VI
Incorporator

The name and address of the Incorporator of the Corporation is:

NINA T. LE
4550 EXECUTIVE DR.
NAPLES, FL 34116

Article VII
Commencement of Existence

The Corporation shall be deemed to commence on the 1ST day of
SEPTEMBER, 2004.

Article VIII
Duration

The term of existence of the Corporation is perpetual. IN WITNESS WHEREOF, the undersigned, as Incorporator has executed the foregoing Articles of Incorporation this 30TH day of AUGUST, 2004.



NINA T. LE
Incorporator

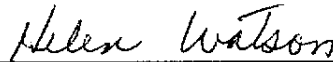
STATE OF FLORIDA

COLLIER COUNTY

Before me personally appeared **NINA T. LE** to me personally known to be the person described as Incorporator and who executed the foregoing Articles of Incorporation and acknowledged before me that **she** subscribed to these Articles of Incorporation this 30TH day of **SEPTEMBER, 2004**.



Helen Watson
MY COMMISSION # DD031175 EXPIRES
August 13, 2005
BONDED THRU TROY FAIN INSURANCE, INC.



Notary Public, Helen Watson
My Commission Expires: 08-13-2005

**ACCEPTANCE OF REGISTERED AGENT
FOR**

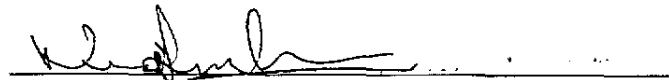
SECRET NAILS & SPA, INC.

FILED

04 SEP -1 PM 2: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, **NINA T. LE**, having signed the within as registered agent of **SECRET NAILS & SPA, INC.**, (the Corporation) at the registered address of **270 MENTOR DR., NAPLES, FL 34110**, do hereby agree as the registered agent to accept service of process, to keep an office of the Corporation open during the prescribed hours, and to post my name, **NINA T. LE**, and that of any officer of the Corporation authorized to accept service of process at the above Florida designated address, in some conspicuous place in the office of the Corporation as required by law.



NINA T. LE

Registered Agent