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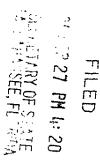
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| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to | Filing Officer: | | | |
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TRANSMITTAL LETTER

| Department of State Division of Corporar P. O. Box 6327 Tallahassee, FL 323 | tions | | | | | | |
|--|--|--|--|-----------------|--|--|--|
| SUBJECT: AR | NAILS "ALL BE | EAUTIFUL P TENAME-MUSTINCLU | AILS VIDE SUFFIX) | | | | |
| Enclosed are an orig | rinal and one (1) copy of the artic | eles of incorporation and | a check for: | | | | |
| ☐ \$70.00 Filing Fce | ☐ \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | Filing Fee, Certified Copy & Certificate of Status PY REQUIRED | | | | |
| FROM: | QUAN HUY N Name (| GUYEN Printed or typed) | | e golden i Alli | | | |
| 5553 FRUITUILLE RO Address | | | | | | | |
| SARASOTA FL 34231 City, State & Zip | | | | | | | |
| 941-377-9494 Daytime Telephone number | | | | | | | |

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

04 SEP 27 PH 4:1

IDA DEPARTMEN

FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 3, 2004

QUAN HUY NGUYEN 5553 FRIUTVILLE RD. SARASOTA, FL 34232

SUBJECT: A B NAILS "ALL BEAUTIFUL NAILS"

Ref. Number: W04000033509

We have received your document for A B NAILS "ALL BEAUTIFUL NAILS" and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document must state the number of shares of authorized stock.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6965.

Dorine Martin Document Specialist New Filings Section

Letter Number: 204A00053667

FILED

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In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

04 SEP 27 PM 4: 20

SECRETARY OF STATE FALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

ALL BEAUTIFUL NAILS INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5553 FRUITVILLE RD, SARASOTA, FL 34232

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SALON

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

QUAN HUY NGUYEN, PRESIDENT LY THI NGUYEN, SEC. /TREAS.

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

GUAN HUY NGUYEN 5553 FRUITVILLE RD, SARASOTA, FL 34232

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

GUAN HUY NGUYEN 5553 FRUITVILLE RD. SARASOTA, FL 34232

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
OUAN HUY NGUYEN

8-9-04 Date

Date

89-04

Signature/Incorporator

QUAN HUY NGUYEN

