

P04000137187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

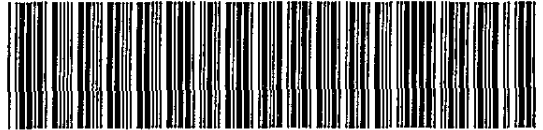
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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TRANSMITTAL LETTER

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

SUBJECT: LILY'S NAILS SALON, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$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
Status

ADDITIONAL COPY REQUIRED

FROM: THINH TRUNG TRAN
Name (Printed or typed)

295 SUNSET DRIVE, # A
Address

ST. AUGUSTINE, FL 32080
City, State & Zip

(904) 461-0803
Daytime Telephone number

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

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**ARTICLES OF INCORPORATION
CORPORATE CHARTER
LILY'S NAILS SALON, INC.**

The petitioners, being natural persons of the age of twenty one years or more, action as incorporators of the corporation under the Florida Business Code, adopt the following articles of incorporation for such corporation.

**ARTICLE I
NAME**

The name of the corporation is **LILY'S NAILS SALON, INC.** and is not the name of any other corporation organized or existing under the laws of the State of Florida as witness by the Certificate of the Secretary of State hereto attached.

**ARTICLE II
PURPOSE**

The purpose(s) for which the corporation is organized is to provide manicure and pedicure services. The corporation do not involve in sale or manufacture any type of products.

**ARTICLE III
AUTHORIZED SHARES**

The maximum authorized capital stock of said corporation shall be 100 shares of no par value common stock.

**ARTICLE IV
THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THE CORPORATION.**

711 Beach Boulevard, Suite B - A1A
Saint Augustine, Florida, 32080

**ARTICLE V
THE NAMES, ADDRESS AND TITLES OF THE DIRECTORS**

THINH TRUNG TRAN / PRESIDENT
295 SUNSET DRIVE, # A, St. AUGUSTINE, FL 32080

AND

LILIAN MAI NGUYEN / EXECUTIVE SECRETARY
295 SUNSET DRIVE, # A, St. AUGUSTINE, FL 32080

ARTICLE VI

THE NAME AND FLORIDA STREET ADDRESS OF THE INITIAL AGENT

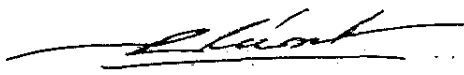
Thinh Trung Tran
295 Sunset Drive, # A, St. Augustine, FL 32080

ARTICLE VII

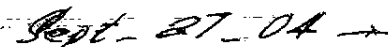
NAME AND ADDRESS OF INCORPORATOR

THINH TRUNG TRAN
295 SUNSET DRIVE, # A, St. AUGUSTINE, FL 32080

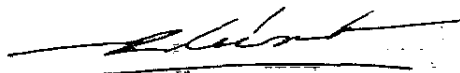
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Signature of Registered Agent

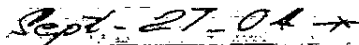


Date



Signature of Incorporator

Thinh Trung Tran



Date

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