

P04000148056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

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

**SUBJECT:** ORANGE NAILS INCORPORATED

(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      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** DUNG ANH NGUYEN

Name (Printed or typed)

12425 SOUTH ORANGE BLOSSOM TRIAL

Address

ORLANDO, FL 32837

City, State & Zip

407-701-2041

Daytime Telephone number

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

# 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:

ORANGE NAILS INCORPORATED

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

12425 SOUTH ORANGE BLOSSOM TRIAL  
ORLANDO, FL 32837

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

NAIL AND TANNING SOLON

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

DUNG ANH NGUYEN -PRESIDENT

## ARTICLE VI REGISTERED AGENT

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

DUNG ANH NGUYEN  
12425 SOUTH ORANGE BLOSSOM TRIAL  
ORLANDO, FL 32837

## ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

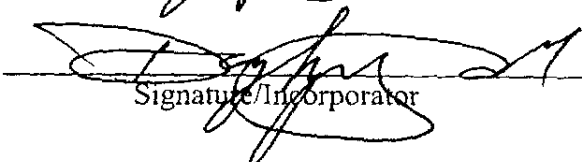
DUNG ANH NGUYEN  
12425 SOUTH ORANGE BLOSSOM TRIAL  
ORLANDO, FL 32837

\*\*\*\*\*

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

FILED  
04 OCT 27 PM 9:26  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399