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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

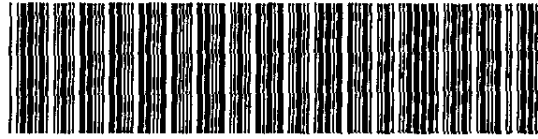
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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05 OCT -5 PM 12:13

CLERK OF SUPERIOR COURT  
STATE OF CALIFORNIA  
SACRAMENTO

B. McKnight OCT 07 2005

**COVER LETTER**

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

**SUBJECT: NAIL SPA 8, 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: FRANKLIN T. LY**

Name (Printed or typed)

**4166 BUFORD HWY., STE. 1118**

Address

**ATLANTA, GA 30345**

City, State & Zip

**404 325 3320**

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:

NAIL SPA 8, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

4300 KINGS HWY, STE. 403  
PORT CHARLOTTE, FL 33980

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

NAIL SALON

**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):

LEANG LY  
4300 KINGS HWY., STE. 403  
PORT CHARLOTTE, FL 33980

**ARTICLE VI REGISTERED AGENT**

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

LEANG LY  
4300 KINGS HWY., STE. 403  
PORT CHARLOTTE, FL 33980

**ARTICLE VII INCORPORATOR**

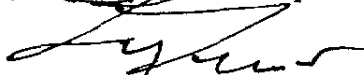
The name and address of the Incorporator is:

FRANKLIN T. LY  
4166 BUFORD HWY., STE. 1118  
ATLANTA, GA 30345

05 OCT -6 PM 12:13

STATE OF FLORIDA  
DEPARTMENT OF REVENUE

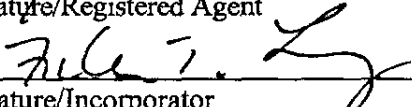
\*\*\*\*\*  
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Signature/Registered Agent

9/30/05

Date



Signature/Incorporator

9/30/05

Date