

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

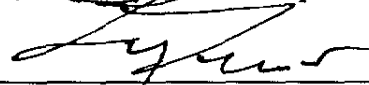
The name and address of the Incorporator is:

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

05 OCT -6 PM 12:13

STATE OF FLORIDA
DEPARTMENT OF REVENUE

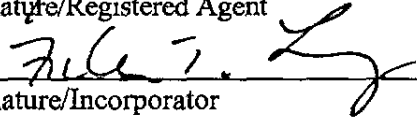
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

9/30/05

Date



Signature/Incorporator

9/30/05

Date