

P06000079499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

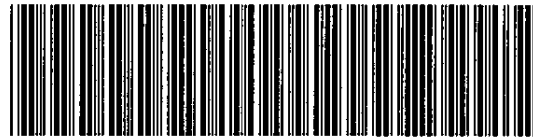
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Certified Copies _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 JUN -9 PM 2:49

FILED

COVER LETTER

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

SUBJECT: NAILS & CO. 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: HOANG MONG NGUYEN
Name (Printed or typed)

318 S "B" ST
Address

LAKE WORTH FL 33460
City, State & Zip

561 - 585 - 5068
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:

NAILS & CO. INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5100 S DIXIE Hwy #8
WEST PALM BEACH, FL 33405

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

COSMETOLOGY SALON

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

HOANG M NGUYEN 318 S "B" ST LAKEWORTH
PRESIDENT WPB FL 33460

MONGVY NGUYEN 318 S "B" ST LAKEWORTH
TREASURER WPB FL 33460

ARTICLE VI REGISTERED AGENT

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

HOANG M NGUYEN
318 S "B" ST LAKEWORTH FL 33460

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

HOANG M NGUYEN
318 S "B" ST LAKEWORTH FL 33460

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

Signature/Incorporator

6/7/06

Date
6/7/06.

Date

FILED
06 JUN -9 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA