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(Requestor's Name)				
(Address)				
(Address)				
(C	ity/State/Zip/Phone	e #)		
PICK-UP	■ WAIT	MAIL		
(Bi	usiness Entity Nar	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to	Filing Officer:			
[0, 0]				

Office Use Only



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SECRETARY OF STATE

COVER LETTER

TO:	Registration Division of G			
SUBJ	ECT:	MAI OSC	AR NAIL ITI	VC
		(Name of Resulti	ng Florida Profit Corporatio	on)
conve				, and fees are submitted to tion" in accordance with s.
Please	e return all cor	respondence concernir	g this matter to:	
	Quoc	H.B. MA (Contact Person)	-i'	
	OSCAR	(Firm/Company)		
	1753 1	ALLING WATES (Address)	es Or	
	JACKSON	VIUF FL 32 (City, State and Zip Code)	258	
For fu	rther informat	ion concerning this ma	atter, please call:	
	(Name of Co	ontact Person)	at (<u>904</u>) <u>3/</u> (Area Code and Da	5-4596 ytime Telephone Number)
Enclo	sed is a check	for the following amo	unt:	
\$10 5	5.00 Filing Fees	\$113.75 Filing Fees and Certificate of Status	\$113.75 Filing Fees and Certified Copy	
STRI	EET ADDRES	SS:	MAILING A	ADDRESS:
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		Registration Division of CP. O. Box 63 Tallahassee,	Corporations 27	

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

This Certificate of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certif of Conversion is:	icate			
MAI DSCAR NAIL				
(Enter Name of Other Business Entity)				
2. The "Other Business Entity" is a SOLE PROPRIETORSHIP	_			
(Enter entity type. Example: limited liability company, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)				
first organized, formed or incorporated under the laws of	_			
on O8/30/2004 (Enter date "Other Business Entity" was first organized, formed or incorporate				
(Enter date "Other Business Entity" was first organized, formed or incorporate	ed)			
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country un laws of which it is now organized, formed or incorporated:	der th	ıe		
·	ider th	ie		
laws of which it is now organized, formed or incorporated:	der th	ne DIVI		
laws of which it is now organized, formed or incorporated: \[\sum_{A} \] 4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation:	der th	SECRE DIVISION		
laws of which it is now organized, formed or incorporated:	der th	SECRETAR DIVISION OF		

5. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)						
Signed thisday of	, 20 <u>07</u>					
Signature: (Must be signed by a Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator.)						
Printed Name: Quoc H.B. MAi Title:	Owner, PRESIDENT					
	Karen Richter Commission # DD446247 Expires: JUNE 29, 2009 Thre Otherwas Bonding Can, the					
	Haren Frekter 1/11/07					
Fees:						
Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)					

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:

MAI OSCAR NAIL , INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

8687 WILLO BRONSON MEMHWY, SUITE 101, BLDG A KISSIMMEE, FL 34747-820

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: to administer the operation and management of nail Salan business, Mri Oscar NAic, and incorporated herein by reference.

The number of shares of stock is: 100 + Que H.B. MAI

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

QUOC HIB. MAI, OWNER- PRESIDENT

ARTICLE VI REGISTERED AGENT

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

Ruce H.B.MAI

14753 FALLING WATERS DL

JACKSONVILLE FL 32258

ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	Quoc H.B. MAI
14753 +	FALLING WATERS DR
	viue fc 32258
***********	************
Having been named as registered agent to accept service designated in this certificate, I am familiar with and accept capacity	
Juan mac	0/1/07
Signature/Registered Agent	Date
Tues man	01/\$/07
Signature/Incorporator	Date
Dod Ka	E-STATE OF FLORIDA Aren Richter Personally Known 28: JUNE 29, 2009 Intic Bonding Co., Inc. 1/11/07