

PD70000/6932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

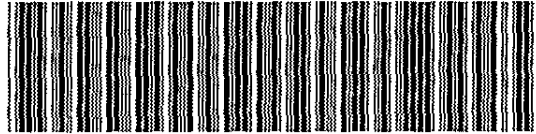
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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12/18/06--01041--013 **78.75

CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

07 FEB -5 PM 3:20

D. WHITE FEB -7 2007

COVER LETTER

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

SUBJECT: _____

TOP SPA NAILS, 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: _____

NGOC LOAN LAI

Name (Printed or typed)

1809 PALMERSTON CIRCLE

Address

OCFEE FL 34761

City, State & Zip

407 340 5801

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
07 JAN -3 AM 11:49

December 19, 2006

NGOC LOAN LAI
1809 PALMERSTON CIRCLE
OCOE, FL 34761

SUBJECT: TOP SPA NAILS, INC
Ref. Number: W06000054410

We have received your document for TOP SPA NAILS, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

A corporation may not serve as its own incorporator. Please designate the individual whose typed signature appears on the signature line.

An effective date may be added to the Articles of Incorporation if a 2007 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White
Document Specialist
New Filing Section

Letter Number: 506A00071758

Dec 12 06 01:53p

P.2

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAME

The name of the corporation shall be:

TOP SPA NAILS, INC

07 FEB -5 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

114-3 S. SEMORAN BLVD
WINTER PARK, FL 32792**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

NAIL SALON

ARTICLE IV SHARES

The number of shares of stock is:

02

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

NGOC LOAN LAI (PRESIDENT)
HUONG KHOA NGUYEN (VICE PRESIDENT)
1809 PAMERSTON CIRCLE
OCOE FL 34761**ARTICLE VI REGISTERED AGENT**


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

NHI NGUYEN
1723 PAMERSTON CIRCLE
OCOE FL 34761**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

NGOC LOAN LAI
1809 PAMERSTON CIRCLE
OCOE FL 34761*****
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 Agent1/30/07

Date

Signature/Incorporator1/30/07

Date