

P08000039864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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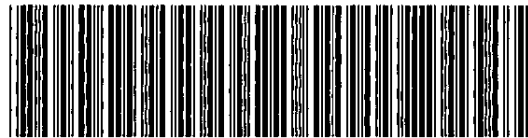
(Business Entity Name)

(Document Number)

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AND  
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08 APR 21 AM 8:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. McKnight APR 22 2008

W/08-15644

## COVER LETTER

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

SUBJECT: SUNNY 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: LINH - MY - NGO  
Name (Printed or typed)

4486 THORNWOOD CIR  
Address

PAIM - BEACH - GARDEN FL 33418  
City, State & Zip

(561) 339-8611  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 26, 2008

LINH MY NGO  
4486 THORNWOOD CIR  
PALM BEACH GARDEN, FL 33418

SUBJECT: SUNNY-NAILS, INC.  
Ref. Number: W08000015644

We have received your document for SUNNY-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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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 act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return the corrected 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) 245-6931.

Becky McKnight  
Regulatory Specialist II  
New Filing Section

Letter Number: 008A00017998

## **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:

~~SUNNY NAILS, INC.~~  
SUNNY NAILS OF JUNO BEACH, INC.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

845 DONALD ROSS RD UNIT D15  
JUNO beach FL. 33408

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

NAI's SALON

### **ARTICLE IV SHARES**

The number of shares of stock is:

~~1000~~  
1

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

LINH - MY-NGO 4486 THORNWOOD CIR PALM-BEACH  
GARDEN FL 33418 (OWNER)  
DIRECTOR

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

~~LINH NGO 845 DONALD ROSS RD~~ ~~JUNO BEACH, FL 33408~~ ~~4486 THORNWOOD CIR~~  
TUAN HUYNH  
PALM BEACH GARDENS, FL 33418  
LINH NGO

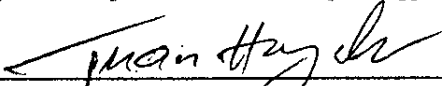

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

~~SEAN M. MATHIS~~ ~~1111~~ 845 DONALD ROSS  
RD JUNO BEACH FL 33408

\*\*\*\*\*

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

4.16.08  
\_\_\_\_\_  
Date  
3.19.08  
\_\_\_\_\_  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED