

PO 8000053621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2008 JUN -2 PM 3:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

19th JUN 02 2008

**COVER LETTER**

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

SUBJECT: \_\_\_\_\_

*NAILS AT THE PARK*

(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: \_\_\_\_\_

*Scott E. Hoang*

Name (Printed or typed)

*3662 AVALON PARK EAST BLVD. Suite #105*

Address

*ORLANDO, FL 32626*

City, State & Zip

*407-432-6263*

Daytime Telephone number

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TALLAHASSEE, FLORIDA

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**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 at The Park, Inc.*

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

*3662 Avalon Park East Blvd. Suite #105  
Orlando, FL 32626*

**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):

*Scott E. Hoang  
13221 Mallard Cove Blvd.  
Orlando, FL 32837  
President*

*Myah T. Le  
13221 Mallard Cove Blvd.  
Orlando, FL 32837*

**ARTICLE VI REGISTERED AGENT**

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

*Myah T. Le  
13221 Mallard Cove Blvd.  
Orlando, FL 32837*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Scott E. Hoang  
13221 Mallard Cove Blvd.  
Orlando, FL 32837*

\*\*\*\*\*

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]*

Signature/Registered Agent

*[Signature]*

Signature/Incorporator

*6/30/08*

Date

*5/30/08*

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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