

(Re	equestor's Name)				
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(Ad	dress)	<del></del>			
(Cit	y/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
6-080	4490	0260			





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S. HAWKES

DEC 0 3 2008

EXAMINER

#### **COVER LETTER**

s.

	Registration Division of	Section Corporations		
SUBJE	CT:	Rose N	lails Salon,	Inc.
			ng Florida Profit Corporatio	
	an "Other B		-	, and fees are submitted to tion" in accordance with s
Please r	eturn all cor	respondence concernin	g this matter to:	
E	huon	g T Huyn (Contact Person)	<u>h</u>	
	lose M	Jails Salon (Firm/Company)	, Inc	
_2	1513	Village Lak (Address)	es shopping o	ctr Dr.
	and c	City, State and Zip Code)	34639	
For furt	her informat	ion concerning this ma	atter, please call:	
P	(Name of Co	Huynh ontact Person)	at (813 ) 75 (Area Code and Da	ytime Telephone Number)
Enclose	d is a check	for the following amou	unt:	
□\$105.0	0 Filing Fees	☐ \$113.75 Filing Fees and Certificate of Status	\$113.75 Filing Fees and Certified Copy	
STREE	T ADDRES	SS:	MAILING A	ADDRESS:
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314		



# For "Other Business Entity"

# 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 Certificate
of Conversion is:
Rose Nail G07348900000 (Enter Name of Other Business Entity)
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a <u>Sole Proprietorship</u> (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 Florida (Enter state, or if a non-U.S. entity, the name of the country)
(Enter state, or if a non-U.S. entity, the name of the country)
12 14 12 7
(Enter date "Other Business Entity" was first organized, formed or incorporated)
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of</u> <u>Incorporation:</u>
Rose Nail Salon, Inc. (Enter Name of Florida Profit Corporation)
(Enter Name of Florida Profit Corporation)
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; <u>AND</u> 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.

Signed this $22$ day of $\sqrt{a}$	venber		, 20 <u>08</u>	
Required Signature for Florida Prof		on:		
Signature of Chairman, Vice Chairman been selected, an Incorporator: Printed Name:	, Director, O	fficer, or,	if Directors or	Officers have not
• •		,		
Required Signature(s) on behalf of Ott signature(s).]		-		equired
Signature:	<u>e</u>		A	
Printed Name: Cindy Namy	<u> </u>	Title:	V.P	
Signature:				
Printed Name:		Title:		
Cianatura				
Signature:Printed Name:		Title:		
Signature:Printed Name:		Title		*****
Timed Name.		_ 11116		
Signature:		. <u> </u>		
Printed Name:		_ Title:		
Signature:				
Printed Name:		Title:		
IEFI	•4-3 • • • • • • • •	D 4	1. •	
If Florida General Partnership or Lim Signature of one General Partner.	ited Liability	y Partners	hip:	
If Florida Limited Partnership or Lim	ited Liability	Limited :	Partnership:	
Signatures of <u>ALL</u> General Partners.				
If Florida Limited Liability Company:	1			
Signature of a Member or Authorized Re				
All others:				
Signature of an authorized person.	11			
phy	C H	rh		
Fees: Certificate of Conversion:	•	<b>ወ</b> ንደ ለለ		
Fees for Florida Articles of Inco	ornoration	\$35.00 \$70.00		
Certified Copy:	aporanon.	\$8.75 (Or	otional)	
Certificate of Status:		\$8.75 (O	,	

#### ARTICLES OF INCORPORATION

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

#### <u>ARTICLE</u> I <u>NAME</u>

The name of the corporation shall be:

Rose Nails Salon, Inc.

## PRINCIPAL OFFICE

The principal place of business/mailing address is:

21513 Village Lakes Shopping Ctr. Dr.

Land o Lakes, FL 34639

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide nail care Services.

## <u>ARTICLE</u> IV **ARTICLE IV SHARES**The number of shares of stock is:

The corporation is organized on a non-stock basic

OB OF THE TOTAL OF

#### <u> INITIAL OFFICERS AND/OR DIRECTORS</u>

Phuong Huynh: 30630 Annadale Dr., Wesley Chapel, FL 33545-prosent Cindy Nguyen: 30630 Annadale Dr., Wesley Chapel, FL 33545- VP.

# REGISTERED AGENT

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

Phuong Huynh 30630 Annadale Dr. Wesley Chapel, FL 33545

# ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Phuong Huynh 30630 Annadale Dr., Wesley Chapel, Fl 33545

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