P09000054733

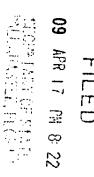
| (Requestor's Name) | | |
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| (Address) | | |
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| (Address) | | |
| | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| | | |
| (Business Entity Name) | | |
| • | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| | | |
| Special Instructions to Filing Officer: | | |
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Office Use Only



600146753796

03/25/09--01008--016 **87.50



24

Van Lee 14029 W Newberry Rd St # 30 Gainesville, Fl 32669

Request taken by: irgable 03-17-2009

The forms you recently requested from this office are:

(1) 100. Profit Articles

Should you have any questions or need any further information, please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

COVER LETTER

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

| SUBJECT: | 1 ST NAILS (PROPOSED CORPORA) | OF JON TENAME - MUST INCL | ESVIUE UDE SUFFIX) | |
|---|---|--|--|---|
| Enclosed are an original \$70.00 Filing Fee | ginal and one (1) copy of the artic \$78.75 Filing Fee & Certificate of Status | eles of incorporation and \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status | |
| FROM: | Name (14029 - W - NE | | |) |

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 10, 2009

VA - T - LE 14029 - W- NEWBERRY -RD- STE #30 GAINESVILLE, FL 32669

SUBJECT: 1ST NAILS OF JONESVILLE

Ref. Number: W09000014382

We have received your document for 1ST NAILS OF JONESVILLE and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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) 245-6052.

Letter Number: 009A00010294

Paisley A Alford Clerk New Filing Section

Division of Cornerations - P.O. ROY 6327 - Tallahassoa, Florida 32314

| 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: |
| 1 ST NAILS OF JONESVILLE , INC. |
| ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: |
| <i>tu</i> |
| 10512 - NW. 13th AVE. GAINESUILLE FL-32606 5 5 7 |
| ARTICLE III PURPOSE |
| The purpose for which the corporation is organized is: |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: ANY AND ALL EAWFUL BUSINESS ARTICLE IV SHARES The number of shares of stock is: 1000 |
| ARTICLE IV SHARES |
| The number of shares of stock is: 4000 |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS |
| List name(s), address(es) and specific title(s): |
| VAN .T. LE (OWNER) |
| |
| 14029 - W. NEW BERRY RD # 30- ARTICLE VI REGISTERED AGENT |
| The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: |
| VAN.T. IE |
| 14029-W. NEWBERRY RD# 30 |
| CAINES VILLE FL-32669 ARTICLE VII INCORPORATOR |
| The name and address of the Incorporator is: |
| WILLIAM STEWART. |
| P.O. BOX SHIO ALACHUA FL. 32616 *********************************** |
| ALA CHUA _ FL. 32616 *********************************** |
| Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I from familiar with and accept the appointment as registered agent and agree to act in this capacity |
| 13-12-09 |
| Signature/Registered Agent Date |
| Jump 03.12-001 |
| Signature/Incorporator Date |