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# **COVER LETTER**

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

SUBJECT:	90'S NAILS & SPA INC			
Paraleura de la como de	(PROPOSED CORPORA			
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	& Certificate of	
		ADDITIONAL CO	Status  OPY REQUIRED	
FROM:	Name	(Printed or typed)	·	
	8302 GENOVA WAY Address			
		H, FLORIDA 33467 State & Zip		
	City,	State & Zip		
	561-967-9893  Daytime Telephone number			
	ŕ	•	notification)	
	E-mail address: (to be used	a for future annual report	поинсаноп)	

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:

90'S NAILS & SPA INC

### ARTICLE II PRINCIPAL OFFICE

The principal **street** address and mailing address, if different is: 8302 GENOVA WAY, LAKE WORTH, FLORIDA 33467

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: NAIL AND BEAUTY SERVICES

### ARTICLE IV SHARES

The number of shares of stock is:

1.000

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

HOA TRUNG BUIL

# ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent i HOA TRUNG BUI 8302 GENOVA WAY

LAKE WORTH, FLORIDA 33467

### ARTICLE VII INCORPORATOR

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

HOA TRUNG BUI 8302 GENOVA WAY

LAKE WORTH, FLORIDA 33467

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