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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

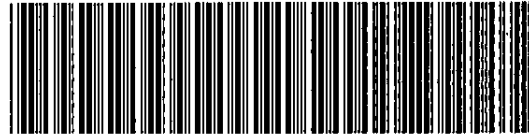
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers NOV 17 2011

## COVER LETTER

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

SUBJECT: Q NAIL & SPA II 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: MTA OF OVIEDO FINANCIAL SERVICES INC

Name (Printed or typed)

2572 WEST SR 426 SUITE 1072

Address

OVIEDO FLORIDA 32765

City, State & Zip

407-977-9230

Daytime Telephone number

MIRETORRES@AOL.COM

E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE, FLORIDA

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

**ARTICLE I NAME** Q NAILS & SPA II INC  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2582 S. CHICKASAW TRAIL  
SUITE D-3  
ORLANDO, FL 32825

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
NAIL SALON

**ARTICLE IV SHARES**

The number of shares of stock is: 200 SHARES

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

Name and Title:	DAN Q VUONG PRESIDENT	Name and Title:	
Address:	1913 S ECONLOCKHATCHEE TRAIL	Address:	
	ORLANDO, FL 32825		

Name and Title:	CHIK NGUYEN VICE PRESIDENT	Name and Title:	
Address:	1913 S ECONLOCKHATCHEE TRAIL	Address:	
	ORLANDO, FL 32825		

Name and Title:		Name and Title:	
Address:		Address:	

**ARTICLE VI REGISTERED AGENT**

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

Name: MTA OF OVIEDO FINANCIAL SERVICES INC  
Address: 2572 WEST SR 426 SUITE 1072  
OVIEDO, FL 32765

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Q NAIL & SPA II INC  
Address: 2582 S. CHICKASAW TRAIL SUITE D3  
ORLANDO, FL 32825

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

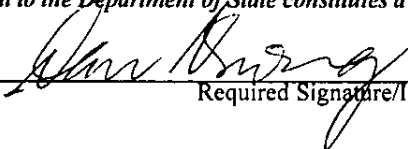


Required Signature/Registered Agent

11/14/11

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

11/14/11

Date

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