

P/2000012521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

CORRECTED CORP. NAME per  
INSTRUCTIONS - Mr. PHAN

Office Use Only

2546

W12000002943



300217370823

01/13/12--01007--026 \*\*70.00

FILED  
12 FEB -6 PM 4:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

YND 2/6

**COVER LETTER**

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

**SUBJECT: LYNN NAIL, 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: **HUNG T. PHAN**

Name (Printed or typed)

**11563 COURTNEY WATERS LN**

Address

**JACKSONVILLE FL 32258-2579**

City, State & Zip

**(904) 208-1351**

Daytime Telephone number

**phanluuhue@yahoo.com**

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

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 17, 2012

HUNG T. PHAN  
11563 COURTNEY WATERS LN  
JACKSONVILLE, FL 32258-2579

SUBJECT: LYNN NAIL, INC.  
Ref. Number: W12000002943

We have received your document for LYNN NAIL, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

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) 245-6973.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 012A00001094

THANH N. LUU  
LYNN NAIL, INC.  
9210-2 SAN JOSE BLVD  
JACKSONVILLE FL 32257  
(904) 733-4007

January 23, 2012

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE FL 32314

FILED  
12 FEB -6 PM 4:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Subj: PERMANENT & IRREVOCABLE RELEASE OF CORPORATE NAME

Dear Sir or Madam:

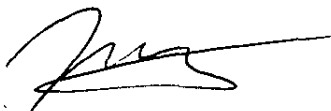
Via the enclosed Articles of Dissolution for Lynn Nail, Inc., the corporation will be voluntarily dissolved, effective January 31, 2012.

This is formal notification that, effective with the dissolution on January 31, 2012, I **permanently and irrevocably relinquish and abandon all entitlement to the corporate name "LYNN NAIL, INC.,"** thus freeing the name to be reassigned effective February 1, 2012.

I execute this release in my capacity as President and Director of Lynn Nail, Inc.

Please call me with any questions.

Thank you,



THANH LUU  
President / Director  
Lynn Nail, Inc.

NOTARY: STATE OF FLORIDA, COUNTY OF Duval

Sworn to & subscribed before me this 23 day of January 2012, by THANH N. LUU, who produced identification, to wit: FL DRIVERS LICENSE.



MY COMMISSION EXPIRES: Dec. 17, 2012

**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:

**LYNN NAIL SPA, INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

**9210-2 SAN JOSE BLVD**

**JACKSONVILLE FL 32257**

Mailing address, if different is:

**SAME**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ANY AND ALL LAWFUL BUSINESS**

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

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

Name and Title: **HUNG T. PHAN, PRES/DIRECTOR**

Address: **11563 COURTNEY WATERS LN**

**JACKSONVILLE FL 32258-2579**

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: **HUNG T. PHAN**

Address: **9210-2 SAN JOSE BLVD**

**JACKSONVILLE FL 32257**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **HUNG T. PHAN**

Address: **11563 COURTNEY WATERS LN**

**JACKSONVILLE FL 32258-2579**

*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*

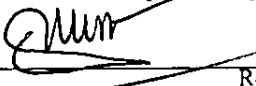


Required Signature/Registered Agent

**23 JANUARY 2012**

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

**23 JANUARY 2012**

Date

FILED  
12 FEB - 6 PM 4:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA