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(Requestor's Name)				
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(Cit	y/State/Zip/Phone	= # <i>)</i>		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Do	cument Number)			
Certified Copies	Certificates	s of Status		
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Special Instructions to Filing Officer:				
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Office Use Only



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SECRETARY OF STATE
ANACCEE FROM

T. Bureh FEB 7 2012

COVER LETTER

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

SUBJECT: Deja Vu Nail Supply, Inc.				
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)			
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:			
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED			
FROM: Truong Vu	(Printed or typed)			
8730 49th Street North, S	Ste# 2			
Address				
Pinellas Park, Fl 33782				
City,	State & Zip			
440-725-8505				
Daytime Te	elephone number			
teddyvu@yahoo.com E-mail address: (to be used	for future annual report notification)			

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 The name of the co	<u>NAME</u> Deja Vu Nail Supp orporation shall be:	ly, Inc.	
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Ma	ailing address, if different is:
	8730 49th Street N., Ste#2		
]	Pinellas Park, Fl 33782		
			
ARTICLE III			
	which the corporation is organized is:	dana and individuals	-di sk
ARTICLE IV	ess selling beauty supplies for sa SHARES ares of stock is:100	nons and individuals.	FILED 2 JAN -6 PM EGRETARY OF LLAHASSEE, F
The number of size	iles of slock is. 100		
	INITIAL OFFICERS AND/OR DIRE		S
Name and T	itle: Director Truong Vu 8730 49th Street N., Ste#2	Name and Title:_	. Y-266
Address:	8/30 49th Street N., Ste#2	Address:	
	Pinellas Park, Fl 33782		
N	24	N	
Address:	itle:	Name and Title:	
Audress.			
Name and T	itle:	Name and Title	
Address:			
ARTICLE VI			
The name and Flo Name:	orida street address (P.O. Box NOT accept Truong Vu	able) of the registered agent	18:
Address:	8730 49th Street N., Ste#2		
	Pinellas Park, Fl. 33782		
ADDICE D IN	•		
	INCORPORATOR dress of the Incorporator is:		
Name:	Truong Vu		
Address:	8730 49th Street N., Ste#2 Pinellas Park, FL 33782		
	ned as registered agent to accept service of m familiar with and accept the appointmen		
	7- 1		1121/2012
	Required Signature/Registered Age	 ent	Date
	ument and affirm that the facts stated her Department of State constitutes a third degre	ein are true. I am aware th	
uocumeni 10 ine L	reparament of Same constitutes a intra degre	e jeiony as proviaea jor in s	
	bara -		1/31/2012 Date
	Required Signature/Incorporato	r	Date