## P1200029249

(Requ	estor's Name)			
(Addre	ess)			
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(City/S	State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Busin	ess Entity Nar	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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PS 3/27/11

## **COVER LETTER**

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

SUBJECT: KOI NAILS	CORP			
(PROPOSED CORPORAT	E NAME – <u>MUST INCLI</u>	UDE SUFFIX)		
Enclosed are an original and one (1) copy of the artic	les of incorporation and	l a check for:		
\$70.00 \$\sqrt{20}\$78.75  Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
ADDITIONAL COPY REQUIRED				
	•			
FROM: KHOJ LE Name (Printed or typed)				
5911 TURKEY LAKE ROAD #111				
ORLANDO FLORIDA 32819 City, State & Zip				
Daytime Telephone number				
E-mail address: (to be used for future annual report notification)				

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

Division of Corporations

FLORIDA DEPARTMENT OF STATE

March 1, 2012

KOI NAILS, CORP. 5911 TURKEY LAKE ROAD #111 ORLANDO, FL 32819

02291201023012



RE: 212A00008286

We have received your document for the above Fictitious Name and your check(s) totaling \$80.00; however, the document has not been filed and is being returned for the following:

A fictitious name cannot contain the word "Corporation," "Incorporated," "Company" or the abbreviation "Corp.," "Inc.," or "Co." unless the owner of the registration is incorporated, and filed with the Division of Corporations.

Should you have any questions regarding this matter you may contact our office at (850) 245-6058.

Tina D Cauley Reinstatement Section **Division of Corporations** 

Letter No. 212A00008286

Could you please for Ward thin \$80.00
ToWard Ry Corporate Application protect
\$80.00 From thin Trutition name to
\$5500 When the new # of \$ in for My Corporate Applications

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

FILED

· • In	compliance with Chapter 607 and	or Chapter 621, F.S. (Pro	ECRETARY OF STATE
ARTICLE I NAME  The name of the corporation shall	be: KOI NAI	LS COP	MAD 26 PM 12: 59
ARTICLE II PRINCIPAL	OFFICE		
5911 T	street address Lake Rd 7	Mailing	address, if different is:
Orlando	FL 32819	<del> </del>	
ARTICLE III PURPOSE			
The purpose for which the corpor	protenial Con Worl Solo	portion "	
ARTICLE IV SHARES The number of shares of stock is:	1		
	FICERS AND/OR DIRECTOR		
	LE QUINER		
•	with DRIVE		
Vinter	Gwden FL 34787	<del></del>	
Name and Title:	`	Name and Title:	
ARTICLE VI REGISTERE	ED AGENT ress (P.O. Box NOT acceptable) of	the registered agent is:	
Name: 7/8 Do	HUI LE VFF DRIVE R GARDEN FL 3		
ARTICLE VII INCORPORA	<u>ITOR</u>		
The name and address of the Inco Name: Address:	HOI LE		
Q/TIVTE	TR GARDEN FL 347	<i>Y</i> /	
	agent to accept service of process and accept the appointment as reg		

Required Signature/Registered Agent 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.

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