P12000033589

(Requesto	r's Name)	
(Address)		
(Address)	2222	
(City/State	/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Business	Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
W12-16918		

Office Use Only



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COVER LETTER

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

SUBJECT: a L.A. NAILS INC.			
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)		
Enclosed are an original and one (1) copy of the article	cles of incorporation and a check for:		
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED		
	ADDITIONAL COFF REQUIRED		
FROM: a THANH P	(Printed or typed)		
a 4085 N. HAVE	RHILL RD. SUITE C-4		
a WEST PALM &	BEACH, FL 33417 State & Zip		
a 561-242 Daytime To	a 561-242-9192 Daytime Telephone number		
a THANHPOS (a) E-mail address: (to be used	E-mail address: (to be used for future annual report notification)		

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



March 26, 2012

THANH PHAN 4085 N. HAVERHILL RD. SUITE C-4 WEST PALM BEACH, FL 33417

SUBJECT: L.A. NAILS INC. Ref. Number: W12000016918

We have received your document for L.A. NAILS INC. and your check(s) totaling \$87.50. 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 an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

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) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

www.sunbiz.org

Letter Number: 812A00010191

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

The name of the corpo	pration shall be: L.A. NAILS	SPA INC	FALED.
ARTICLE II P	RINCIPAL OFFICE Principal street address 1085 No HAVERHURDE		ng addr 12 s, if different is:PM 12: 52
	EST PALM BEACH, FL3341	7	SECTO AND UP STATE THE ADMINISTRATE
ARTICLE III PR	URPOSE the the corporation is organized is:		•
NAILS	SALON		
(PEDICUR	Et MARticure)		
ARTICLE IV S. The number of shares	HARES of stock is:		
ARTICLE V II	NITIAL OFFICERS AND/OR DIRECTORS		
Address:	4085 N. HAVERHILL D. C#4 West palm BEACH, F13341	Address:	
		, <u></u>	
Name and Title Address:	<u> </u>	Name and Title: Address:	
	; <u></u>		
Address:		Address:	
ARTICLE VI R	EGISTERED AGENT		
	a street address (P.O. Box NOT acceptable) of t	he registered agent is:	
Address:	1263 REACON CIRCLE	· /	
ARTICLE VII II	CORPORATOR	7	
The <u>name and address</u> Name:	ss of the Incorporator is:	 .	
Address:	4085 N. HAVERHII RD.C.	c#4 -33417	
	as registered agent to accept service of process amiliar with and accept the appointment as regis		
	Required Signature/Registered Agent		4/3/2012 Date
	ent and affirm that the facts stated herein are to artment of State constitutes a third degree felony		
	Dhu Almon		3/15/2012
	Required Signature/Incorporator		Date