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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 SEP 20 AM 8:37

300 2/2/12

COVER LETTER

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

SUBJECT: FOXY NAILS AND SPA OF VERO BEACH 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: BRIANA TRAN
Name (Printed or typed)

235 19 AV
Address

VERO BEACH FL 32962
City, State & Zip

772-569-7070
Daytime Telephone number

foxynailsmo4@yahoo.com
E-mail address: (to be used for future annual report notification)

Briana's
Address

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 NAME

The name of the corporation shall be: FOXY NAILS AND SPA OF VERO BEACH INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

646 315 St
VERO BEACH FL 32960

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To run a nail salon

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

→ Name and Title: BRIANA TRAN Name and Title: _____
Address: 735 19 AV Address: _____
VERO BEACH, FL 32962

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

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: BRIANA TRAN
Address: 735 19 AV
VERO BEACH, FL 32962

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Briana Tran
Address: 735 19 AV
VERO BEACH, FL 32962

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

Briana

Required Signature/Registered Agent

9/20/12

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.

Briana

Required Signature/Incorporator.

9/20/12

Date

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