P1300012060

(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: AUTHORIZATION BY PHONE TO CONRECT PLACE TO
LATE COC. EXAM

Office Use Only



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10/26/12--01014--011 **78.75

13 FEB -5 PM 2: 48

SECRETARY OF STATE
DIVISION OF STATE



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 29, 2012

BINH VU 8590 ETHANS GLEN TER JACKSONVILLE, FL 32256

SUBJECT: BNV NAILS, INC. Ref. Number: W12000055096

We have received your document for BNV NAILS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return 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.

Pamela Smith Regulatory Specialist II

www.sunbiz.org

Letter Number: 012A00026399

COVER LETTER

RECEIVED

2013 FEB -5 AM 11:09

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

SUBJECT:	BNV NATLS T (PROPOSED CORPORA	NC.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM:	Name		
	3590 Ethans Gl Jacksonville 1	addiess	
	904-343-1293 Daytime T HPhung 8036 D E-mail Address: (to be use	•	notification)
	V		

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)

SECRETARY OF STATE

The name of the corporation	on shall be:	IAN VN.	LS, INC.	13 FEB -5 PM 2: 48
ARTICLE II PRIN	CIPAL OFFICE rincipal street address	5	•	3 address, if different is:
1926 500	14th (<u>it</u>	***************************************	
Fernandi			34	
ARTICLE III PURP		ized is:	 	
	r & Nail			
				
ARTICLE IV SHAP The number of shares of st	RES			
·	AL OFFICERS AN	D/OR DIRECTO	rs	
•				
	8590 Ethan			
	Jacksonvill			
-		-		
Name and Title:_			_ Name and Title:	
Address _			Address:	
-			_	
-	Note the second			
Name and Title:_			_ Name and Title:	
Address	_		Address:	
-			_	

(conti.)

SECRETARY OF STATE
DIVISION OF CORPORATIONS

Name and	Fitle:	_ Name and Title:	13 FER -5	PH 2: 48		
Address		Address:				
		_	***	****		
	REGISTERED AGENT	Sala a sala	t			
	rida street address (P.O. Box NOT acceptable) o	-	is:			
Name:	Huy Phung	_				
Address:	Huy Phung 8590 Ethans Glen Ter.					
-	Jacksonville, FL 322	5 6				
ARTICLE VII	INCORPORATOR					
The name and add	ress of the Incorporator is:					
Name:	Binh Vu	_				
Address:	8590 Ethans Glan Top.	_				
	8590 Ethans Glen Top. Jacksonville, FL 322	<i>5</i> 6				
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						
	of L		. 1.	19/13		
	Required Signature/Registered Agent	.	11.2	Date		
I submit this document and affirm that the fucts 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	**************************************	11	/29/13 Date		