

P13000013754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

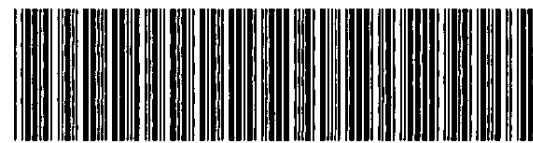
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W1300005436



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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2/11/13  
cf

## COVER LETTER

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

**SUBJECT: Angel Touch NAIL care 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       \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

\$78.75       \$87.50  
Filing Fee      Filing Fee,  
                    & Certified Copy      Certified Copy  
                    & Certificate of      & Certificate of  
                    Status      Status

**ADDITIONAL COPY REQUIRED**

FROM: Sovy Chum  
Name (Printed or typed)

922 Santa Maria Blvd  
Address

saint Augustine, Florida 32086  
City, State & Zip

904-429-7524

Daytime Telephone number

Ouknick @ yahoo.com

E-mail address: (to be used for future annual report notification)

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DIVISION OF CORPORATIONS

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



RECEIVED

2013 FEB -8 PM 4:24

FLORIDA DEPARTMENT OF STATE

Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 28, 2013

SOVY CHUM  
922 SANTA MARIA BLVD.  
SAINT AUGUSTINE, FL 32086

SUBJECT: ANGEL TOUCH NAIL CARE INC  
Ref. Number: W13000005436

We have received your document for ANGEL TOUCH NAIL CARE 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 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.

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.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 813A00002081

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

## **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: Angel Touch NAILS Care INC

**ARTICLE II**      **PRINCIPAL OFFICE**

**Principal street address**

**Mailing address, if different is:**

938 B SANTA MARIA BLVD  
St. Augustine, Florida  
32086

922 Santa Maria Blvd.  
St. Augustine, Florida.  
32086

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any And All Purpose ..

#### **ARTICLE IV      SHARES**

The number of shares of stock is:

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Sony Chum (Owner) Name and Title:

Address: 922 Santa maria Blvd Address:  
St. Augustine, Florida  
32086

Name and Title: *H. L. A. Hart* Name and Title:

Address: 123 Main Street Address: 456 Elm Street

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

13 FEB -8 PH 1:00

SECRETARY OF STATE  
ASSISTANT  
SECRETARY OF STATE

(cont.)

Name and Title: <u>Amelia Chum</u>	Name and Title: <u>Amelia Chum</u>
Address: <u>922 Santa Maria Blvd</u>	Address: <u>922 Santa Maria Blvd</u>
	<u>St. Augustine, Florida 32086</u>
	<u>Florida</u>

#### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Sovy Chum  
Address: 922 Santa Maria Blvd  
St. Augustine Florida 32086

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sovy Chum  
Address: 922 Santa Maria Blvd  
St. Augustine Florida 32086

*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*

Schyum  
Required Signature/Registered Agent

1-23-2013

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.*

Schyum  
Required Signature/Incorporator

1-23-2013

Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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