

P13000027624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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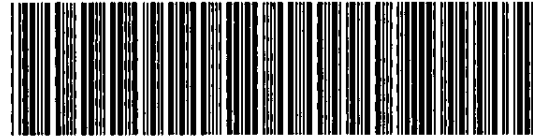
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Duran MAR 26 2013

Pusher

COVER LETTER

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

SUBJECT: **ELEGANT NAIL SPA 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: **TRAN, SAN P**

Name (Printed or typed)

12302 ROPER BLVD # 104

Address

CLERMONT, FL. 34711

City, State & Zip

714-856-9417

Daytime Telephone number

santran61@yahoo.com

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

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: ELEGANT NAIL SPA INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

12302 ROPER BLVD SUITE 104
CLERMONT, FL. 34711

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

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TALLAHASSEE, FL

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TRAN, SAN Director

Name and Title: _____

Address 12302 ROPER BLVD SUITE 104
CLERMONT, FL. 34711

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(conti.)

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: TRAN, SAN P
Address: 12302 ROPER BLVD SUITE 104
CLERMONT, FL. 34711

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: TRAN, SAN P
Address: 12302 ROPER BLVD SUITE 104
CLERMONT, FL. 34711

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

Sam TRAN
Required Signature/Registered Agent

3.20.13
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.

Sam TRAN
Required Signature/Incorporator

3.20.13
Date

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TALLAHASSEE, FLORIDA