

P13000093833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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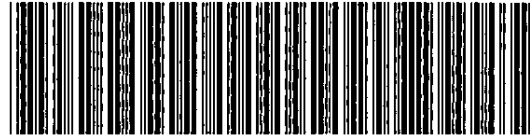
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRB
11/19/13

COVER LETTER

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

SUBJECT: **NAILS ROCK 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: **CUONG CHI LUONG**

Name (Printed or typed)

5913 LYONS ROAD

Address

COCONUT CREEK, FLORIDA 33073

City, State & Zip

954-397-2508

Daytime Telephone number

CCTRANG03@YAHOO.COM

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

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



5913 Lyons Road
Coconut Creek, FL. 33073
Ph: 954.360.6888

DATE: 11/13/2013

**RE: FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**

**Release Approval Nails Rock Inc.
Document Number: P09000085143
FEI/EIN Number: 271091903**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To Whom It May Concern,

My name is Trong V. Vo (President) of Nails Rock Inc., I am writing this letter to Approve Releasing the Incorporation Business Name known as Nails Rock Inc. Document Number: P09000085143, I have spoken to one of your representatives and was advise that it has been dissolve since 09/27/2013 as inactive status by the state & I was also advise to write a letter stating I would not reinstated and release the name of the incorporation by my consent , I don't intend to Reinstate the Corporation as of status, along with this letter is included for the New Incorporator, Articles of Incorporation for New Submittal. With my approval of releasing the corporations name known as Nails Rock Inc to the new Incorporator along with this letter. Thank you very much..

*Please if you have any further question, please do not hesitate to give a call at
Ph: 954.360.6888. or 954.798.3190

Sincerely, Trong V. Vo (President Nails Rock Inc)

P.S. If you have any question please don't hesitate to give me a call.
Ph: 954.360.6888

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: NAILS ROCK INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

5913 LYONS ROAD

COCONUT CREEK, FL. 33073

Mailing address, if different is:

5913 LYONS ROAD

COCONUT CREEK, FL. 33073

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: NAIL SERVICES / NAIL CARE

ARTICLE IV SHARES

The number of shares of stock is: 3

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CUONG CHI LUONG / PRESIDENT

Address: 5913 LYONS ROAD

COCONUT CREEK, FL. 33073

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

(cont.)

Name and Title: _____	Name and Title: <u>FILED</u>
Address: _____	Address: <u>13 NOV 18 AM 11:16</u>
_____	_____
_____	SECRETARY OF STATE
_____	TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

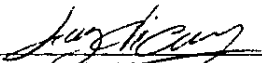
Name: CUONG CHI LUONG
Address: 5860 NW 40TH LN
COCONUT CREEK, FL. 33073

ARTICLE VII INCORPORATOR

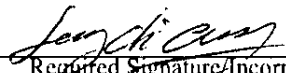
The **name and address** of the Incorporator is:

Name: CUONG CHI LUONG
Address: 5913 LYONS ROAD
COCONUT CREEK, FL. 33073

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

<u></u>	<u>11/13/2013</u>
Required Signature/Registered Agent	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.

<u></u>	<u>11/13/2013</u>
Required Signature/Incorporator	Date