

P140000020359

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

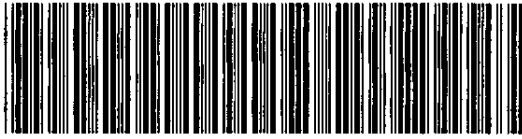
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

B 3/6/14



800256962308

03/03/14--01026--015 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAR -3 AM 10:51

## COVER LETTER

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

SUBJECT: **VIP NAILS & SPA, CO.**

(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  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: **TRUYEN PHAM**

Name (Printed or typed)

**14 WELDON WAY**

Address

**PALM COAST, FL 32137**

City, State & Zip

**(386) 237-5744**

Daytime Telephone number

**khoilua2004@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: VIP NAILS & SPA, CO.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

VIP NAILS & SPA, CO.

7 OLD KINGS RD., UNIT 8

PALM COAST, FL 32137

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: NAIL TECH SERVICES & SPA

**ARTICLE IV SHARES**

The number of shares of stock is: ONE HUNDRED

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

Name and Title: TRUYEN PHAM D

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

Address 14 WELDON WAY

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

PALM COAST, FL 32137

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAR - 3 AM 10:51

(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: TRUYEN PHAM  
Address: 14 WELDON WAY  
PALM COAST, FL 32137

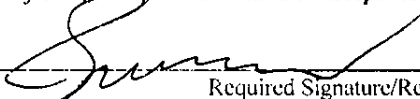
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAR - 3 AM 10:51

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

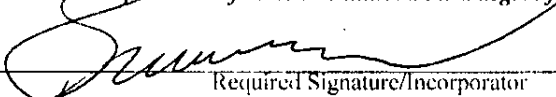
Name: TRUYEN PHAM  
Address: 14 WELDON WAY  
PALM COAST, FL 32137

*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*

  
Required Signature/Registered Agent

2-26-14  
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.*

  
Required Signature/Incorporator

2-26-14  
Date