

P14000070079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

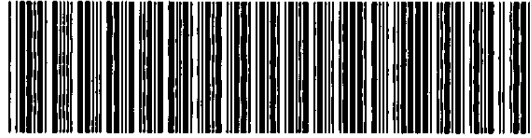
(Business Entity Name)

(Document Number)

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

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08/18/14--01021--004 \*\*70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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APPROVAL  
AND  
FILED

VH



# THE INDA-ROMERO LAW FIRM LLC.

ATTORNEYS AT LAW

**Admitted to Practice By:**  
The Florida Supreme Court  
Northern, Middle and Southern  
Districts of Florida

**Member:**  
Miami Dade County Bar  
Association  
Florida Association of Criminal  
Defense Lawyers  
Cuban American Bar Association  
American Bar Association

Miguel Inda-Romero, Esq.

August 14, 2014

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

**Main Office**  
7260 SW 8<sup>th</sup> Street  
Miami, Florida 33144

Telephone: (305) 456-5105  
Fax Line: (305) 456-5108

Dear Sir or Madam:

Please find enclosed:

1. Cover Letter
2. Articles of Incorporation
3. Check for \$70.00 made payable to: Florida Department of State

Sincerely,

Miguel Inda-Romero, Esq.

**COVER LETTER**

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

SUBJECT: ND Nails & Spa, Corp.  
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Nick Phan  
Name (Printed or typed)

472 NE Midvale Street  
Address

Port St. Lucie, FL 34983  
City, State & Zip

772-333-8958  
Daytime Telephone number

Importrycer84@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)

APPROVED  
AND  
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**ARTICLE I NAME**  
The name of the corporation shall be: ND Nails & Spa, Corp

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**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

SECRETARY OF STATE  
MAILING ADDRESS OF FLORIDA

472 NE Midvale Street

Port St. Lucie, FL 34983

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: Nail and Spa Salon

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

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

Name and Title: Nick Phan President

Name and Title: Brandon Nguyen Vice President

Address 472 NE Midvale Street  
Port St. Lucie, FL 34983

Address: 23655 SW 107 Place  
Homestead, FL 33032

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

APPROVED  
AND  
FILED

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Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

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: Nick Phan

Address: 472 NE Midvale Street  
Port St. Lucie, FL 34983

**ARTICLE VII INCORPORATOR**

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

Name: Miguel Inda-Romero, Esq.

Address: 7260 SW 8 Street  
Miami, FL 33144

*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*

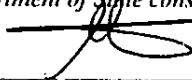


Required Signature/Registered Agent

8/14/14

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

8/14/14

Date