

PK4000101873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

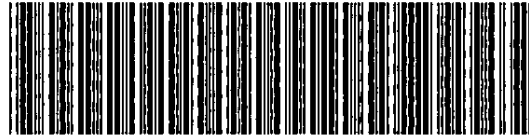
(Document Number)

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

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W114 66586

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10/30/14--01009--002 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 DEC 23 PM 3:26

APPROVED  
AND  
FILED

W114

## COVER LETTER

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

SUBJECT: A & J NAILS  
(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: KEVIN B. NGUYEN  
Name (Printed or typed)

2712 SE KERN BL  
Address

PORT ST. LUCIE FL 34984  
City, State & Zip

TR 692-2737  
Daytime Telephone number

Kristym35@yahoo.com  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 3, 2014

KEVIN B. NGUYEN  
2712 SE KERN RD  
PORT ST. LUCIE, FL 34984

SUBJECT: A&J NAILS, INC  
Ref. Number: W14000066586

We have received your document for A&J NAILS, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 114A00023451

ARTICLES OF INCORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

APPROVED  
AND  
FILED

**ARTICLE I NAME**

The name of the corporation shall be: KBN, INC

14 DEC 23 PM 3:27

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2419 NW Federal Hwy  
Stuart, FL 34994

SECRETARY OF STATE  
MAILING ADDRESS  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: It's necessary for KBN dba  
A & J Nails to incorporate to designate leadership &  
responsibility of the business named  
KBN dba A & J Nails.

**ARTICLE IV SHARES**

The number of shares of stock is: 100 shares issued. All shares are owned by  
Kevin B. Nguyen.

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

Name and Title: N/A Name and Title: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

APPROVED (cont)  
AND  
FILED

Name and Title: Kevin B. Nguyen-Owen Name and Title: 14 DEC 23 PM 3:27  
Address: 2712 SE KERN Rd Address: SECRETARY OF STATE  
PORT ST. LUCIE, FL TALLAHASSEE, FLORIDA  
34984

**ARTICLE VI REGISTERED AGENT**

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

Name: Kevin B. Nguyen  
Address: 2712 SE KERN Rd  
PORT ST. LUCIE, FL 34984

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kristy Nguyen  
Address: 2712 SE KERN Rd  
PORT ST. LUCIE, FL 34984

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

[Signature]  
Required Signature/Registered Agent

10/25/2014  
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.

[Signature]  
Required Signature/Incorporator

10/25/2014  
Date