

P15000007204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

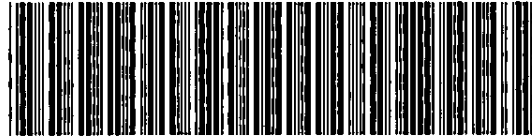
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/17/14--01004--003 **87.50

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15 JAN 26 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

gr 1/27/15

W15000000832

COVER LETTER

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

SUBJECT: Nail MAGIK, 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: Michelle HALL
Name (Printed or typed)

3457 SW VOYAGER str.
Address

Port St. Lucie, FL 34953
City, State & Zip

772-263-3113
Daytime Telephone number

michelleblack007@msn.com
E-mail address: (to be used for future annual report notification)

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

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15 JAN 26 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 JAN 26 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 7, 2015

MICHELLE HALL
3457 SW VOYAGER STREET
PORT ST. LUCIE, FL 34953

SUBJECT: NAIL MAGIK, INC.
Ref. Number: W15000000832

We have received your document for NAIL MAGIK, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the city name in its entirety abbreviation is not acceptable.

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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 215A00000244

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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15 JAN 26 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 18, 2014

MICHELLE HALL
3457 SW VOYAGER STREET
PORT ST. LUCIE, FL 34953

SUBJECT: NAIL MAGIK, INC.
Ref. Number: W14000075255

We have received your document for NAIL MAGIK, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You cannot sign a document before the actual date.

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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 814A00026810

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: NAIL MAGIK, INC.

FILED

ARTICLE II PRINCIPAL OFFICE

Principal street address

771 Southwest South Maccos BIVA

Port Saint Lucie, Florida 34983

15 JAN 26 PM 2:41
Mailing address, if different is:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Perform Personal Services

OF FINGERNAILS AND ANY AND ALL LAWFUL BUSINESS

UNDER THE RULES AND REGULATIONS OF THE STATE

INVENTION OF NEW PRODUCTS FOR NAIL SERVICES.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michelle Hall President Name and Title: _____

Address 3457 Sw Voyager Street Address: _____

Port Saint Lucie, Florida 34953

Name and Title: Michelle Hall Secretary Name and Title: _____

Address 3457 Sw Voyager Street Address: _____

Port Saint Lucie, Florida 34953

Name and Title: Michelle Hall Treasurer Name and Title: _____

Address 3457 Sw Voyager Str Address: _____

Port Saint Lucie, FL 34953

(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: Michelle Hall
Address: 3457 Sw Voyager Street
Port Saint Lucie Florida 34953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michelle Hall
Address: 3457 Sw Voyager Street
Port Saint Lucie Florida 34953

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

Michelle Hall 1/21/2015
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.

Michelle Hall 1/21/2015
Required Signature/Incorporator Date

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TALLAHASSEE, FLORIDA