

PISOUVO 86435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

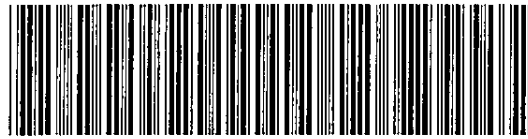
Special Instructions to Filing Officer:

Office Use Only

WISOUVO 86031

OCT 20 2015

T. SCOTT



300275955343

08/14/15--01010--009 **78.75

15 OCT 12 AM 10:50

RECEIVED
BIVOLTA
FEB 10 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2015

TIEN QUANG DO
303 SE 17TH STREET STE 311
OCALA, FL 34471

SUBJECT: CLASSY NAILS .OCALA
Ref. Number: W15000056031

RECEIVED OCT 12 2015

We have received your (document) for CLASSY 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 effective date is not acceptable since it is not within five working days of the date of receipt.

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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 815A00017749

COVER LETTER

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

SUBJECT: CLASSY NAILS OCALA
(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: TIEN QUANG DO
Name (Printed or typed)
303 SE 17TH STREET STE. 311
Address
OCALA, FLORIDA 34471
City, State & Zip
352-401-9432
Daytime Telephone number
TRANG.NGUYEN28@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:

CLASSY NAILS 'OCALA INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

303 SE 17TH STREET STE. 311

OCALA, FL 34471

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFESSIONAL CORPORATION

ARTICLE IV SHARES

The number of shares of stock is:

25

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TIEN QUANG DO - DIRECTOR

Address 8306 SW 56TH AVE RD.

OCALA, FL 34476

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

15 OCT 12 AM 10:50

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: _____

Address: LANA DUONG

1818 W. WATERS AVE TAMPA FL 33604

ARTICLE VII INCORPORATOR

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

Name: TIEN DO

Address: 303 SE 17TH ST. STE 311

OCALA, FL 34471

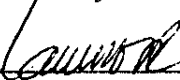
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)


Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

04/29/2015
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

8/10/15
Date