

PI5000097333

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 DEC -7 PM 4:09

FILED

WIS-
75979

1 Dec 15 DEC 15 2015

COVER LETTER

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

SUBJECT: hot rock nail salon 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: nhan hoang le
Name (Printed or typed)
12575 south cleveland ave suite 7
Address
fort myers florida 33907
City, State & Zip
239-691-7663
Daytime Telephone number
hotrocknailsalon@gmail.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 19, 2015

NHAN HOANG LE
12575 SOUTH CLEVELAND AVE STE 7
FORT MYERS, FL 33907

SUBJECT: HOT ROCKS INC.
Ref. Number: W15000075979

RECEIVED
15 DEC -7 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for HOT ROCKS 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return 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.

Tim Burch
Regulatory Specialist II

Letter Number: 015A00024452

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

hot rock nail salon inc.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
12575 south cleveland ave suite 7 fort myers florida 33907

Mailing address, if different is:

ARTICLE III PURPOSE

brand protection
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

1000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: nhan hoang le/ CEO
Address 1307 ne 19th place cape coral florida 33905

Name and Title: _____
Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
15 DEC -7 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: nhan hoang le

Address: 1307 ne 19th place cape coral florida 33909

ARTICLE VII INCORPORATOR

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

Name: nhan hoang le

Address: 1307 ne 19th place cape coral florida 33909


ARTICLE VIII EFFECTIVE DATE: 01/01/2016

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

12/3/2015
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

12/3/2015
Date

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15 DEC -7 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA