

P16000017876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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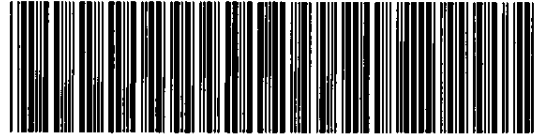
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
16 FEB 25 AM 10:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Culligan FEB 26 2016

COVER LETTER

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

SUBJECT: SOPHIA ORGANIC NAILS BAR 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: SJ COOPER & ASSOCIATES

Name (Printed or typed)

3269 STURGEON BAY COURT

Address

NAPLES FL 34120

City, State & Zip

239-398-3637

Daytime Telephone number

steven@sjcfinance.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

January 27, 2016

SJ COOPER & ASSOCIATES
3269 STURGEON BAY COURT
NAPLES, FL 34120

SUBJECT: SOPHIA ORGANIC NAILS BAR INC
Ref. Number: W16000005811

We have received your document for SOPHIA ORGANIC NAILS BAR 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 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.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 316A00001811

ARTICLES OF INCORPORATION

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

FILE
16 FEB 25 AM 10:32

ARTICLE I NAME

The name of the corporation shall be: SOPHIA ORGANIC NAILS BAR INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

5470 16TH PLACE SW # 105

NAPLES, FL 34116

Mailing address, if different is:

3269 STURGEON BAY COURT

NAPLES, FL 34120

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A LEGAL & PROFESSIONAL NAIL SALON

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LENGA T NGUYEN, PRESIDENT

Name and Title: _____

Address 5470 16th PLACE SW

Address: _____

NAPLES, FL 34116

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: STEVEN COOPER
Address: 3269 STURGEON BAY COURT
NAPLES, FL 34120

ARTICLE VII INCORPORATOR

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

Name: STEVEN COOPER
Address: 3269 STURGEON BAY COURT
NAPLES, FL 34120

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

12/31/15

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

12/31/15

Date