

P16000022866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

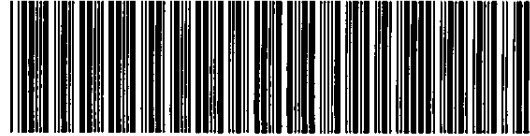
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200280206322

FILED  
16 MAR 11 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12/30/15--01012--009 \*\*70.00

W6-1752

03-14-15

## COVER LETTER

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

**SUBJECT:** DK NAILS BY NBT

(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:** MA ,DUC  
\_\_\_\_\_  
Name (Printed or typed)  
  
10896 WCOLONIAL DR  
\_\_\_\_\_  
Address  
  
OCOE,FL34761  
\_\_\_\_\_  
City, State & Zip  
  
407-810-3459  
\_\_\_\_\_  
Daytime Telephone number  
  
ducma@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

January 12, 2016

DUC MA  
10896 W CONONIAL DR  
OCOE, FL 34761

SUBJECT: DK NAILS BY NBT COP  
Ref. Number: W16000001752

We have received your document for DK NAILS BY NBT COP and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

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: 816A00000709

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

**ARTICLE IV SHARES**

The number of shares of stock is: \_\_\_\_\_

ED  
PM 4:50  
OF STATE  
FLORIDA

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

Name and Title: DUC MA MANAGER Name and Title: \_\_\_\_\_

Address: 1728 RACHEL'S RIDGE LOOP Address: \_\_\_\_\_

OCOE, FL 34761 \_\_\_\_\_

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: Duc Ma  
Address: 1728 Rachel's Ridge Coop  
06080, FL 34761

FILED  
16 MAR 11 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: Duc Ma  
Address: 1728 Rachel's Ridge Coop  
06080, FL 34761

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: ~~12/30/2015~~ 3/9/16 (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*

Duc Ma

Required Signature/Registered Agent

3/9/16

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.*

Duc Ma

Required Signature/Incorporator

~~12/30/2015~~ 3/9/16

Date