P16000037348

| (Re | questor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | ry/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| -W16 | - 27/02 | 27 |

Office Use Only



800283913268

04/05/18--01019--012 **105.00



APR 2 8 2016 T. BROWN

COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: C-D Nail S Corporation Name of Resulting Florida Profit Corporation |
| The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S. |
| Please return all correspondence concerning this matter to: |
| Dat NguyEN Contact Person |
| C - D NG, S Firm/Company |
| 42 New haven que. Address |
| Melhourne FL 32901 City, State and Zip Code |
| Dat Nau VEN 6@ GMail. (om E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: Dat Ngiy Name of Contact Person Area Code and Daytime Telephone Number Contact Person Daytime Telephone Number Contact Person Contact |
| Enclosed is a check for the following amount: |
| \$105.00 Filing Fees and Certificate of Status \$\square\$ |
| New Filings Section New Filings Section Division of Corporations Division of Corporations Clifton Building P. O. Box 6327 Clef1 Executive Center Circle Tallahassee, FL 32301 |



April 12, 2016

DAT NGUYEN 42 NEW HAVEN AVE MELBOURNE, FL 32901

SUBJECT: C-D NAILS CORPORATION

Ref. Number: W16000027057

We have received your document for C-D NAILS CORPORATION and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

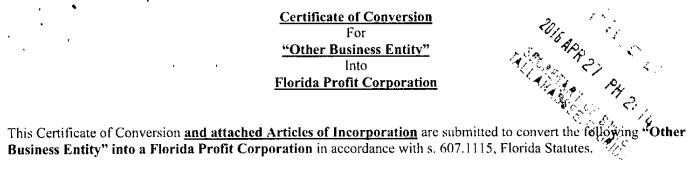
As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

Teresa Brown Regulatory Specialist II

Letter Number: 216A00007510



| 1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is: |
|--|
| Enter Name of Other Business Entity |
| Enter Name of Other Business Entity |
| 2. The "Other Business Entity" is a |
| first organized, formed or incorporated under the laws of |
| 7-9-7013 |
| on Enter date "Other Business Entity" was first organized, formed or incorporated |
| 3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated: |
| 4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation: |
| C-D Nails Corporation Enter Name of Florida Profit Corporation |
| 5. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation if an effective date is listed therein.) 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. |

| Signed this Manager da | ny of | 29 | 20 16 | |
|--|---------------------------|--|-------------------------|-----------------|
| Required Signature for F | | · | 20 | |
| Signature of Chairman, Vi- Incorporator: Printed Name: | ce Chairman Director, Off | icer, or, if Directors of | or Officers have not be | en selected, an |
| Required Signature(s) on | behalf of Other Busines | s Entity: [See below | for required signature | (s).] |
| Signature: |) N | | | _ |
| Printed Name: Da T | | Title:တယ် | ner (manay | er) |
| Signature: | | | | |
| Printed Name: | | Title: | | _ |
| Signature: | | | | _ |
| Printed Name: | | Title: | | - |
| Signature: | | | | _ |
| Printed Name: | | | | |
| Signature: | | | | navra. |
| Printed Name: | | | | _ |
| Signature: | | | , | _ |
| Printed Name: | | Title: | | _ |
| If Florida General Partne Signature of one General F | | ty Partnership: | | |
| If Florida Limited Partners Signatures of ALL General | | ty Limited Partnersh | nip: | |
| If Florida Limited Liabil Signature of a Member or | | | | |
| All others: Signature of an authorized | person. | | | |
| Fees: Certificate of Confees for Florida A Certified Copy: Certificate of State | rticles of Incorporation: | \$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional) | | |

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

| The name of the corporation shall be: | C-D NGIS Corporation | | |
|--|-----------------------------------|--|--|
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: | , | | |
| Principal street address | Mailing address, if different is: | | |
| 42 New haven aup. | 42 New haven ave. | | |
| Melsonne FL 32901 | Melbourne FL 32901 | | |
| The purpose for which the corporation is organized is: Mai S S C C | | | |
| | | | |
| | | | |
| | | | |
| ARTICLE IV SHARES The number of shares of stock is: | | | |
| ARTICLE V INITIAL OFFICERS AND/OR DIRE | CTORS | | |
| Name and Title: Dat Nguyaw | Name and Title: | | |
| Address: 42 New haven av. Melbanou FC 32901 | 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: Dat Nyu yer |
| Address: 42 New Laven ave. |
| melbonune FC 32901 |
| ARTICLE VII INCORPORATOR The name and address of the Incorporator is: |
| D + 11, 150) |
| Name: Jal Nauvol |
| Address: 42 New haven ave. |
| Address: 42 New haven ave. Melbowne FC 32901 |
| ***************** |
| Having been named as registered agent to accept service of process for the above stated corporation at the place designated is |
| this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity |
| |
| 3-29-16 |
| Required Signature/Registered Agent Date |
| I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. |
| DM - 3-29-16 |
| Required Signature/Incorporator Date |