

P16000100338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

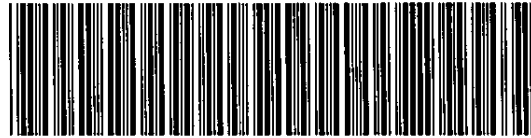
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2016 DEC 20 AM 8:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

V HERRING  
DEC 23 2016

## COVER LETTER

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

**SUBJECT:** PINK LOTUS SALON & SPA CORP

(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:** TRAN, NHON T  
\_\_\_\_\_  
Name (Printed or typed)

8966 S FEDERAL HWY1 SUITE 5  
\_\_\_\_\_  
Address

PORT SAINT LUCIE FL, 34952  
\_\_\_\_\_  
City, State & Zip

561-371-5539  
\_\_\_\_\_  
Daytime Telephone number

tn6801@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 15, 2016

TRAN, NHON T  
8966 S FEDERAL HWY 1 SUITE 5  
PORT SAINT LUCIE, FL 34952

SUBJECT: PINK LOTUS SALON & SPA CORP  
Ref. Number: W16000077272

We have received your document for PINK LOTUS SALON & SPA CORP and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please make sure to list the first and then last name on the document.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 416A00024483

**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: PINK LOTUS SALON & SPA CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

8966 S FEDERAL HWY1 SUITE 5

PORT SAINT LUCIE FL 34952

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

ANY AND LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: NHON TRAN ( P )

Name and Title: \_\_\_\_\_

Address

8966 S FEDERAL HWY1 SUITE 5

Address: \_\_\_\_\_

PORT SAINT LUCIE FL 34952

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

FILED  
2016 DEC 20 AM 8:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

2016 DEC 20 AM 8:11

Address \_\_\_\_\_

Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: \_\_\_\_\_

NHON TRAN

Address: \_\_\_\_\_

8966 S FEDERAL HWY1 SUITE 5

PORT SAINT LUCIE FL 34952

**ARTICLE VII INCORPORATOR**

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

Name: \_\_\_\_\_

NHON TRAN

Address: \_\_\_\_\_

8966 S FEDERAL HWY1 SUITE 5

PORT SAINT LUCIE FL 34952

**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 days prior or 90 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

Dec.12.2016

\_\_\_\_\_  
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

Dec.12.2016

\_\_\_\_\_  
Date