

P17000044861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

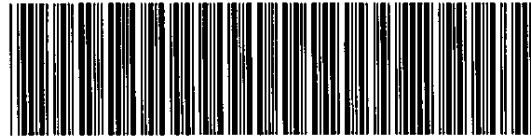
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/09/17--01028--015 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 MAY 22 PM 4:11

FILED

W17-040573

05/22/17

PhiHuynh Kitlas
Chic Nails
1875 South Patrick Dr
Indian Harbour Beach, FL 32937

May 17, 2017

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

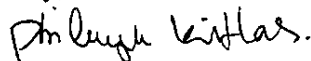
Re: Rejected filing due to existing name

To Whom It May Concern;

My name is PhiHuynh Kitlas, the director, registered agent, and incorporator of original filed corporation named **Chic Nails Inc**, document filing number is **W17000040573**. Because that name is used by other business, we would like to change it to **Chic Nails by PhiHuynh Inc**. We already paid the fees for this new filing corporation. I have attached the new filing form showing new name of corporation with same director, registered agent, and incorporator name and address.

Thank you for your consideration toward this new filing application. Please contact me at the address above for any other questions.

Sincerely,



PhiHuynh Kitlas



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 11, 2017

CHIC NAILS
1875 S. PATRICK DR.
INDIAN HARBOUR BCH., FL 32937

SUBJECT: CHIC NAILS INC
Ref. Number: W17000040573

We have received your document for CHIC NAILS 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 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.

The document number of the name conflict is P11000095908.

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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 017A00009446

COVER LETTER

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

SUBJECT: CHIC NAILS BY PHIHUYNH 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: CHIC NAILS

Name (Printed or typed)

1875 SOUTH PATRICK DR

Address

INDIAN HARBOUR BEACH, FL 32937

City, State & Zip

(321) 775 3813

Daytime Telephone number

lanthiphihuyh@yahoo.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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: CHIC NAILS BY PHIHUYNH INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
1875 SOUTH PATRICK DR

INDIAN HARBOUR BEACH, FL 32937

UNITED STATES

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: NAIL SERVICE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PHIHUYNH KITLAS - DIRECTOR

Name and Title: _____

Address 1875 SOUTH PATRICK DR

Address: _____

INDIAN HARBOUR BEACH, FL 32937

UNITED STATES

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: PHIHUYNH KITLAS

Address: 1875 SOUTH PATRICK DR

INDIAN HARBOUR BEACH, FL 32937

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: PHIHUYNH KITLAS

Address: 1875 SOUTH PATRICK DR

INDIAN HARBOUR BEACH, FL 32937

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

Phihuyanh Kitlas

Required Signature/Registered Agent

05/03/2017

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.

Phihuyanh Kitlas

Required Signature/Incorporator

05/03/17

Date