

P18 000050028

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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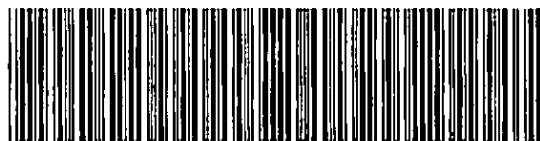
Certified Copies _____ Certificates of Status _____

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JUN 05 2018

T. SCOTT



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05/31/18--01011--002 **87.50

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2018 JUN -1 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: PLUMERIAL NAIL SPA, 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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Champa Luangsamad

Name (Printed or typed)

10418 W Sample Rd

Address

Coral Springs, FL 33065

City, State & Zip

267-474-2831

Daytime Telephone number

champa0814@gmail.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: PLUMERIA NAIL SPA, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10418 W Sample Rd

Coral Springs, FL 33065

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Would like to make payroll to its partner and may open more
Spas in the future.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Champa Luangsamad, Manager

Name and Title: _____

Address 10418 W Sample Rd

Address: _____

Coral Springs, FL 33065

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2018 JUN - 1 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: Champa Luangsmad

Address: 10418 W Sample Rd

Coral Springs, FL 33065

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Champa Luangsmad

Address: 10418 W Sample Rd

Coral Springs, FL 33065

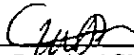
ARTICLE VIII EFFECTIVE DATE:

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

05/25/18

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

05/25/18

Date