

723000010410Florida Department of State
Division of Corporations
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(((H23000051825 3)))



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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : L & R INTERNATIONAL FIRM INC
Account Number : I20200000026
Phone : (786)413-4344
Fax Number : (305)222-9004

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
OCEAN NAILS MIAMI SPA CORP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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Corporate Filing Menu

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COVER LETTER

H23000051825 3

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

SUBJECT: OCEAN NAILS MIAMI 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: Jiefang Huang

Name (Printed or typed)

9846 SW 40TH ST

Address

Miami, FL 33165

City, State & Zip

786-615-2030

Daytime Telephone number

Jiefang77@hotmail.com

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

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

23 FEB - 9 01:15:35

H23000051825 3

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

H23000051825 3

ARTICLE I NAMEThe name of the corporation shall be: OCEAN NAILS MIAMI SPA CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address9846 SW 40TH STMiami, FL 33165

Mailing address, if different is:

9846 SW 40TH STMiami, FL 33165**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any and all Lawful Business**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Jiefang Huang - PresidentAddress: 9846 SW 40TH ST
Miami, FL 33165Name and Title: Thad Loether - Vice PresidentAddress: 9846 SW 40TH ST
Miami, FL 33165

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

H23000051825 3

H23000051825 3

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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

Name: Oscar Lopez
Address: 8410 W Flagler St Ste 205
Miami, FL 33144

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: Oscar Lopez
Address: 8410 W Flagler St Ste 205
Miami, FL 33144

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 02/07/2023 (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

02/07/2023

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

02/07/2023

Date

H23000051825 3