P95000059307

The Talk of the Town Nail Studio, Inc
5326 US Hwy 98 North
Lakeland, FL 33809

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

FILED
95 AUG -1 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

W-12615

6.75

CHESSER AUG 1 1995

Examiner's Initials	

CR2E031(10/92)

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 21, 1995

FILED
1995 AUG -1 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PATRICIA L FLOYD
707 CARPENTERS WAY #47
LAKELAND, FL 33809

SUBJECT: THE TALK OF THE TOWN NAIL STUDIO, INC.
Ref. Number: W95000012615

We have received your document for THE TALK OF THE TOWN NAIL STUDIO, INC. and your check(s) totaling $. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to section 607.0202(1)(b) or 617.0202(1)(b), Florida Statutes, you must list the corporation's principal office, and if different, a mailing address in the document. If the principal address and the registered office address are the same, please indicate so in your document.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

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 (904) 487-6904.

Freida Chesser
Corporate Specialist

Letter Number: 095A00030378

CR2E042

ARTICLES OF INCORPORATION
OF

THE TALK OF THE TOWN NAIL STUDIO, INC.

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95 AUG -1 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST. The name of the Corporation is The Talk of the Town Nail Studio Inc.

SECOND. Its registered office in the State of Florida is to be located at 5326 US Highway 98 North, in the City of Lakeland, County of Polk. The registered agent in charge of thereof is at 5326 U. S. Highway 98 North, Lakeland, FL 33809.

THIRD. The nature of the business and objects and purposes proposed to be transacted, promoted an carried on, are to do any and all things herein mentioned, as fully and to the same extent as natural persons might or could do, and in any part of the world, viz.:

> "The purpose of the corporation is to engage in any lawful act or activity for which the corporation may be organized under the general Corporation Law of Florida."

FOURTH. CAPITALIZATION. The corporation shall have the authority to issue 100 Shares of Common Stock, each share to have No Par Value. The shares may be issued for the consideration expressed in dollars as may be fixed from time to time by the Board of Directors.

FIFTH. The names and mailing addresses of each of the incorporators are as follows:

PATRICA L. FLOYD
President and Secretary
SS # 589-26-4257

707 Carpenters Way, #47
Lakeland, FL 33809

NILA CHRISTINE GARNETT
Vice President and Treasurer
SS # 593-68-5789

12917 Old Dade City Road
Kathleen, FL 33849

CANDIS C. KRAMER
MY COMMISSION # CC 443038
EXPIRES: March 7, 1999
Bonded Thru Notary Public Underwriters

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501 , Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: "The Talk of the Town Nail Studio inc"

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1995 AUG -1 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. The name and address of the registered agent and office is:

Patricia L. Floyd
(Name)

5326 Hwy 98 N — Same as principal address
(P.O. Box NOT acceptable)

Lkld Fl 33809
(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

SIGNATURE Patricia L. Floyd

DATE 7-24-95

"I hereby am Familiar with and ACCept the duties and responsibilities as Registered agent for said Corporation"

Patricia L Floyd

REGISTERED AGENT FILING FEE: $35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E013(6/92)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED
96 NOV -7 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000059307

1. Corporation Name
THE TALK OF THE TOWN NAIL STUDIO, INC.

Principal Place of Business
5326 US HWY 98 NORTH
LAKELAND FL 33809

Mailing Address
5326 US HWY 98 NORTH
LAKELAND FL 33809

If above addresses are incorrect in any way, line through incorrect information and make correction below.

2. New Principal Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

REINSTATEMENT 96 ao

4. Date Incorporated or Qualified To Do Business in Florida: 08/01/1995

5. FEI Number: 593-68-5787 | Applied For ☐ | Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required

7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PS	Patricia L. Floyd	707 CarpentersWay #47	Lakeland, FL 33809
VT	N. Christine Garnett	12917 old DadeCity Rd.	Kathleen, FL 33849

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-11713/96--01192-017
****375.00 ****375.00

8. Name and Address of Current Registered Agent
FLOYD, PATRICIA L
5326 US HWY 98 NORTH
LAKELAND FL 33809

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

CR2E040 (7/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent X Patricia L. Floyd REGISTERED AGENT MUST SIGN
Date 10/10/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: X Patricia L. Floyd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
10-10-96 Date
941-858-8166 Daytime Phone #

080946 A2