# P96000066527

### TRANSMITTAL LETTER

96 NG -7 PH I: 52 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

> \$00001915549 -08/07/96--01081--009 \*\*\*\*\*\*78.75

				J 7.
SUBJECT:	J & J NAIL SI	ALON, INC.		
	(Proposed corporate	e name - must include su	iffix)	
Enclosed is an origina for :	al and one (1) cop	by of the articles of	incorporation and a c	heck
□ \$70.00	x \$78.75	\$122.50	\$131.25	
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate	
FROM:				
	Name	(printed or typed)		
	6711 LE	EWARD ISLE WAY		
		Address	<del></del>	
	TAMPA _ E	FL. 33615		
	Ci	ty, State & Zip		
	(813) 51	0-6089		

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

Daytime Telephone number

M 8-9-96

### ARTICLES OF INCORPORATION

FILED
96 JUG-7 PH 1:52
SECRETARY OF STATE
TALLMASSEE FI OPPLA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

J & J NAIL SALON, INC.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

6711 LEEWARD ISLE WAY TAMPA, FL 33615

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

FIVE-HUNDRED (500) SHARES

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

TIEU MY NGUYEN 6711 LEEWARD ISLE WAY TAMPA, FL 33615

## ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

TIEU MY NGUYEN 6711 LEEWARD ISLE WAY TAMPA, FL 33615

The undersigned in	ncorporator(s) has(hav	e) executed thes	e Articles of Ir	corporation this
5th	day of AUGUS'	<u> </u>	. 1 <u>9 <sup>96</sup> </u>	
		in here		
	TIEU MY	signature NGUYEN		<del></del>
		ngnature -		<del></del>
<del></del>		ignature		

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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.

i. The nam	e of the corporation is: J&J NA	IL SALON, INC.	<del></del>
2. The name	e and address of the registered agent	and office is:	96
	TIEU MY NGUYEN		A T
	(Name)	SSE	<u></u>
	6711 LEEWARD ISLE WAY	E, FL	TI S D
	(P.O. Box not accept	table) SA	<del></del>
	TAMPA, FL 33615	₽mi	52
	(City/State/Zip)	<del></del>	•
Having been above stated the appointm to comply wit mance of my as registered	named as registered agent and to ac corporation at the place designated in ent as registered agent and agree to the provisions of all statutes relating duties, and I am familiar with and acci- agent.	cept service of process for n this certificate, I hereby a act in this capacity. I furthe g to the proper and comple ept the obligations of my p	the accept ar agree te perfor- osition
	(Signature)	08/05/96	
T	EU MY NGUYEN	(Date)	