

**TRANSMITTAL LETTER**  
**P46000081926**

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

600001954026  
-09/24/96--01014--014  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: ANGEL'S NAIL ACADEMY, INC  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM: TRANG DORAN NGUYEN  
Name (printed or typed)

3603 W CARMEN ST  
Address

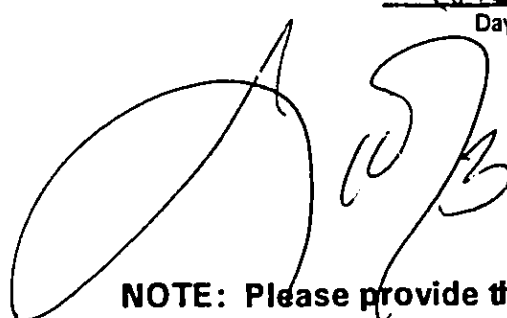
TAMPA FL 33609  
City, State & Zip

(813) 935-6731  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

96 OCT -3 PM 4:49

FILED



Stock - 691  
10/16/96

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



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

September 24, 1996

TRANG DOAN NGUYEN  
3603 W. CARMEN ST.  
TAMPA, FL 33609

SUBJECT: ANGEL'S NATIONAL ACADEMY, INC.  
Ref. Number: W96000020055

*NAIL NOT NATIONAL*

We have received your document for ANGEL'S NATIONAL ACADEMY, INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must state the number of shares of authorized stock.

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) 487-6934.

Loria Poole  
Corporate Specialist

Letter Number: 196A00043874

## ARTICLES OF INCORPORATION

*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.*

FILED  
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

### ARTICLE I NAME

The name of the corporation shall be:

ANGEL'S NAIL ACADEMY, INC

### ARTICLE II PRINCIPAL OFFICE

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

3603 W CARMEN ST  
TAMPA, FLORIDA 33609

### ARTICLE III SHARES

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

~~100~~ 100,00

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

TRANS JOAN NGUYEN  
3603 W CARMEN ST  
TAMPA, FL 33609

**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**

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

TRANG JOAN NGUYEN  
3603 W CARMEN ST  
TAMPA, FL 33609

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

20 day of SEPT, 1996.

(An additional article must be added if an effective date is requested.)

X - 1   
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

**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: ANGEL'S NAIL ACADEMY, INC

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

TRAN NGUYEN  
(NAME)

3603 W CARMEN ST  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

TAMPA FL 33609  
(CITY/STATE/ZIP)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*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)

20 / 9 / 96  
(DATE)