

P96000095821

TRANSMITTAL LETTER

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 NOV 25 AM 10:39

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

40000192001.4  
-08/13/96--01063--013  
\*\*\*\*122.50 \*\*\*\*122.50

SUBJECT: ALL ABOUT NAILS 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:

Koteina Anderson  
Name (printed or typed)

7901 Baymeadows Wy #15  
Address

JACKSONVILLE, FL 32256  
City, State & Zip

904-730-8645  
Daytime Telephone number

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

8-14-96  
73  
691,7087  
296-  
5/11/25



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

August 14, 1996

KOTEINA ANDERSON  
7901 BAYMEADOWS WAY STE 15  
JACKSONVILLE, FL 32256

SUBJECT: ALL ABOUT NAILS INC.  
Ref. Number: W96000017007

We have received your document for ALL ABOUT NAILS INC. and check(s) totaling \$122.50. 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) 487-6878.

Terri Buckley  
Corporate Specialist

Letter Number: 196A00038719

## 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.*

SECRET  
DIVISION OF CORPORATIONS  
96 NOV 25 10:39

### ARTICLE I NAME

The name of the corporation shall be:

ALL ABOUT NAILS INC.

### ARTICLE II PRINCIPAL OFFICE

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

7901 Baymeadows Wy.  
Suite # 15  
JACKSONVILLE, FL 32256

### ARTICLE III SHARES

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

50

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

KOTEINA ANDERSON  
7901 BAYMEADOWS Suite 15  
JACKSONVILLE, FL 32256

**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):

Koteina Anderson  
7901 Baymeadows Wy  
Suite 15  
JACKSONVILLE, FL 32256

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

29<sup>th</sup> day of July, 19 96.

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

Koteina Anderson  
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: ALL ABOUT NAILS INC
2. The name and address of the registered agent and office is:

KOTENA Anderson  
(NAME)  
7901 Baymeadows Wy #15  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)  
JACKSONVILLE, FL 32256  
(CITY/STATE/ZIP)

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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.*

Kotena Anderson July 29, 1996  
(SIGNATURE) (DATE)

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