



DATE	DOCUMENT ID	DESCRIPTION	FILING	OVER PAYMENT	EXPED	CERT	COPY
04/11/2017	201710004284	DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG (LCP)	99.00	0.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

VIP NAILS SALON, LLC
ATTN: JOHN LINH LE
129 RIDGEWOOD AVE.
HURON, OH 44839

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
4015984

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

VIP NAILS SALON, LLC

and, that said business records show the filing and recording of:

Document(s)

DOMESTIC FOR PROFIT LLC - ARTICLES OF ORG

Effective Date: 04/07/2017

Document No(s):

201710004284



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
11th day of April, A.D. 2017.

Ohio Secretary of State



Form 533A Prescribed by:

JON HUSTED
 OHIO SECRETARY OF STATE

Toll Free: (877) SOS-FILE (877-787-3453)

Central Ohio: (614) 466-3910

www.OhioSecretaryofState.gov

busserv@OhioSecretaryofState.gov

File online or for more information: www.OHBusinessCentral.com

Mail this form to one of the following:

Regular Filing (non expedite)

P.O. Box 670

Columbus, OH 43216

Expedite Filing (Two business day processing time.

Requires an additional \$100.00)

P.O. Box 1390

Columbus, OH 43216

Articles of Organization for a Domestic Limited Liability Company

Filing Fee: \$99

Form Must Be Typed

2017 APR - 7 PM 2:06

CHECK ONLY ONE (1) BOX

 (1) ☒ Articles of Organization for Domestic
For-Profit Limited Liability Company
(115-LCA)

 (2) ☐ Articles of Organization for Domestic
Nonprofit Limited Liability Company
(115-LCA)
Name of Limited Liability Company **VIP NAILS SALON, LLC**

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "Ltd.," or "Ltd"

Effective Date
(Optional)

mm/dd/yyyy

(The legal existence of the limited liability company begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing)

This limited liability company shall exist for
(Optional)**PERPETUAL**

Period of Existence

Purpose
(Optional)

****Note for Nonprofit LLCs**

The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided.

ORIGINAL APPOINTMENT OF AGENT

The undersigned authorized member(s), manager(s) or representative(s) of

VIP NAILS SALON, LLC

Name of Limited Liability Company

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The name and address of the agent is

JOHN LINH LE

Name of Agent

129 RIDGEWOOD AVE

Mailing Address

HURON

City

Ohio

State

44839-1156

ZIP Code

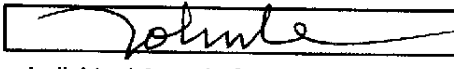
ACCEPTANCE OF APPOINTMENT

The undersigned, JOHN LINH LE named herein as the statutory agent
Statutory Agent Name

for VIP NAILS SALON, LLC
Name of Limited Liability Company

hereby acknowledges and accepts the appointment of agent for said limited liability company

Statutory Agent Signature


Individual Agent's Signature / Signature on Behalf of Business Serving as Agent

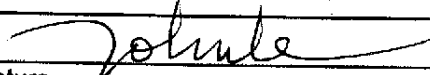
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Articles and original appointment of agent must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.


Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name



Form 590 Prescribed by:

JON HUSTED
 OHIO SECRETARY OF STATE

Toll Free: (877) SOS-FILE (877-767-3453)

Central Ohio: (614) 466-3910

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busserv@OhioSecretaryofState.gov

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2017 APR -7 PM 2:06

Consent for Use of Similar Name

(To be filed with new business formation document or amendment to change business name where a name conflict will occur.)

Name of Entity/Individual Giving Consent Charter/Registration/License Number of Entity giving Consent Gives it Consent To To Use The Name

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

REQUIRED

Consent form must be signed by an authorized representative of the consenting entity.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name