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Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
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SECRETARY OF SIATE TALLAHIASSEE, FLARIDA

me 11/15

TRANSMITTAL LETTER

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

SUBJECT:	Corona,	INC.	
Englaced are an orig	(PROPOSED CORPORA)	TE NAME - MUST INCL	
\$70.00	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	Galina Kuz Name 6608 Hidden	Cove Drive	
		State & Zip 554 - 69/3 elephone number	

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

RECEIVED
04 MOV 15 PH 12: 14

October 26, 2004

GALINA KUZJOMKINA 6608 HIDDEN COVE DRIVE DAVIE, FL 33314

SUBJECT: CORONA, INC. Ref. Number: W04000039252

We have received your document for CORONA, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2005 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

Please return the original and one copy of 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 (850) 245-6067.

Neysa Culligan Document Specialist New Filings Section

Letter Number: 804A00061445

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE TAT LAHASSEE, FLORIDA

04 NOV 15 PM 12: 48

ARTICLE I NAME

The name of the corporation shall be:

Nails by Galina, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6608 Hidden Cove Drive Davie, Florida 33314-0000

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To provide manicule and pedicule service

ARTICLE IV SHARES

The number of shares of stock is:

10,000 shakes par value to.01

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Galina Kuzjomkina, President 6608 Hidden Cove Drive

Davie Florida 33314-0000

REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Hex A. Renaldo

1301 N.E. Miami Gardens Drive, Saile 202

North Miami Beach Florida 33179

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Galina Kuz'jomkina 6608 Hidden Cove Drive Davie, Florida 33314-0000

ARTICLE VIII 6,K. EFFECTIVE DATE 11/10/04 OF INCORPORATION is November 10, 2004

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator