

71600015091

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000127288 3)))



H160001272883ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
NAILS FOR YOU SPA, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

MAY 24 2016

S. GILBERT

RECEIVED

16 MAY 23 PM 4: 54

STATE OF FLORIDA
TALLAHASSEE

16 MAY 23 PM 12:09
ED

H16000127288

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

ARTICLE I NAME NAILS FOR YOU SPA, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
17220 NW 56TH AVENUE
MIAMI GARDENS FLORIDA 33055

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL LEGAL BUSINESS IN FLORIDA

ARTICLE IV SHARES 100
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROSA SEIHADA

Name and Title: PRESIDENT

Address 17220 NW 56TH AVENUE

Address:

MIAMI GARDENS FLORIDA 33055

Name and Title: IRMA GIRON

Name and Title: VICE PRESIDENT

Address 17220 NW 56TH AVENUE

Address:

MIAMI GARDENS FLORIDA 33055

Name and Title:

Name and Title:

Address

Address:

FILED
16 MAY 23 PM 12:29
STATE OF FLORIDA

H16000127288

H16000127288

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: ROSA SHIHADA
 Address: 17220 NW 56TH AVENUE
MIAMI GARDENS FLORIDA 33055

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ROSA SHIHADA
 Address: 17220 NW 56TH AVENUE
MIAMI GARDENS FLORIDA 33055

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

R. Shihada _____
 Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

R. Shihada _____
 Required Signature/Incorporator Date

H16000127288