99600100614 TRANSMITTAL LETTER

500002014145

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

-11/26/96--01092--016 *****70.00 *****70.00 SUBJECT: (Proposed corporate name - must include suffix) Enclosed is an original and one (1) copy of the articles of incorporation and a checken for: \$78.75 \$122.50 \$131.25 \$70.00 Filing Fee, Certified Copy Filing Fee Filing Fee Filing Fee & Certificate & Certified Copy & Certificate Additional Copy Required FROM: Name (printed or typed) 12449 City, State & Zip 278-9977 Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 3, 1996

MAI NGUYEN 12449 SO DIXIE HIGHWAY MIAMI, FL 33156

SUBJECT: PRO NAILS Ref. Number: W96000025197

We have received your document for PRO NAILS and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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

The registered agent must sign accepting the designation.

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: 196A00054138

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.

ARTICLE I NAME

The name of the corporation shall be:

Pro Nails Inc.

ARTICLE II PRINCIPAL OFFICE

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

12449 S. Dixie Hwy Miami, FL 33156

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Mai Nguyen 12449 S.Dixie Hwy Miami, FL 33156

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):

12449 S. Dixie Hwy Miami, FL 33156

Pres. Hai Nguyen V. Pres. Mai Nguyen Sec. Nai Nguyen

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

22 day of November, 1996.

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

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.

D. Mil. T.

1. The name of the corporation is:	Tro Moule,	t-YK,	_	
		,,		
2. The name and address of the regis	stered agent and office is:			
2. The hame and address of the rep.	, /			
Mai	Nguyen			므
12449	Nguyen S. Dixie Houy			36 N
	(NAME)	. 		유향
				.0
			<u> </u>	72
(P.O. B	ox or Mail Drop Box NOT ACCE	PTABLE)		96 DEC 12 PH 4: 53
1.5 *	~			4.
Miar	M FC 33156			~ Üį
	(CITY/STATE/ZIP)			بن
				· \$*
Having been named as registered	agent and to appear comi	ica of mucaon	for the	alana stated
Having been named as registered corporation at the place designated	'ugeni unu to uccept servi 'in this cartificata. I haraba	accent the an	jor ine	anove Stated
agent and agree to act in this capac	rity. I further acree to come	uccept the upp ply with the m	wisions.	of all statutes
relating to the proper and complete	performance of my duties, o	nd I am famil	ior with o	of all sicilities
obligations of my position as registe				
, , , , , , , , , , , , , , , , , , ,			or of let	
		•		
Λ.,		•		
x lum		Nov 22	96	
(SIGNATO	JRE)	(DATE)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1