

Charter Number Only

*9/17/98*  
*PAJONN* *80464*

VALIDATION ONLY

Requestor's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

400002641764--8  
-09/17/98--01007--022  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

CORPORATION(S) NAME

*ARLENE'S NAIL DESIGN, INC.*

FILED  
98 SEP 17 AM 10:28  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



Empire Toll Free: 1-800-432-3028

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Verifier
Acknowledgment
W.P. Verifier

*9/17/98*  
*ARLENE'S NAIL DESIGN, INC.*

**ARTICLES OF INCORPORATION**

of

Arlene's Nail Design, Inc.  
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

**ARTICLE I - CORPORATE NAME**

The name of the corporation is:

Arlene's Nail Design, Inc.

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**ARTICLE II - DURATION**

This corporation shall exist perpetually unless dissolved according to Florida law.

**ARTICLE III - PURPOSE**

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

**ARTICLE IV - CAPITAL STOCK**

The corporation is authorized to issue one hundred shares ( 100 ) of one Dollar(s) ( \$ 1.00 ) par value Common Stock, which shall be designated "Common Shares".

**ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	<u>Arlene</u>			<u>Rodriguez</u>
ADDRESS	<u>4161 E. 4th AVE.</u>			
CITY	<u>Hialeah</u>	FLORIDA	<u>Florida</u>	ZIP <u>33013</u>

The principal office, if known, or the mailing address of the corporation is:

NAME	<u>Arlene's Nail Design, Inc.</u>			
ADDRESS	<u>4161 E. 4th AVE</u>			
CITY	<u>Hialeah</u>	FLORIDA	<u>Florida</u>	ZIP <u>33013</u>

**ARTICLE VI - INITIAL BOARD OF DIRECTORS**

This corporation shall have Two (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

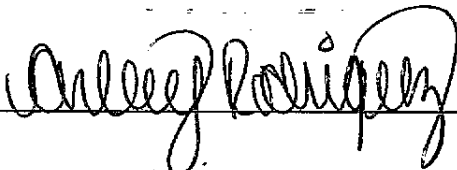
NAME	Arlene Rodriguez	
ADDRESS	4161 E. 4TH AVE	
CITY	Hialeah	STATE Florida ZIP 33013
NAME	Teresa Barruelo	
ADDRESS	1120 S.W. 47TH	
CITY	Miami	STATE Florida ZIP 33165
NAME		
ADDRESS		
CITY		STATE ZIP

**ARTICLE VII - INCORPORATORS**

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Arlene Rodriguez	
ADDRESS	4161 E. 4TH AVE	
CITY	Hialeah	STATE Florida ZIP 33013
NAME	Teresa Barruelo	
ADDRESS	1120 S.W. 47TH	
CITY	Miami	STATE Florida ZIP 33165
NAME		
ADDRESS		
CITY		STATE ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this \_\_\_\_\_ day of September 1998.

  
 \_\_\_\_\_ (Seal)  
 \_\_\_\_\_ (Seal)  
 \_\_\_\_\_ (Seal)

CERTIFICATE AND KNOWLEDGEMENT  
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT  
OF

Arlene's Nail Design, Inc.  
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:  
The above corporation, desiring to organize under the laws of the State of Florida with  
its registered office as indicated in the Articles of Incorporation

at 4161 E. 4TH AVE. HIALEAH, FLA 33013.

has named Arlene Rodriguez.  
located at the aforesaid address, as its Registered Agent to accept service of process within  
this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated  
corporation at the place designated in this certificate, and being familiar with the obliga-  
tions of that position, I hereby accept to act in this capacity, and agree to comply with the  
provisions of Florida Law in keeping open said office.

Arlene Rodriguez  
(registered agent)

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