

Division of Corporations

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Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850)922-4001

From:

Account Name : L & I GALLO, INC.
Account Number : 112177003150
Phone : (954)424-7239
Fax Number : (954)472-9280

FILED
99 OCT -4 AM 10:08
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

LINDA'S NAIL & BEAUTY SUPPLY, INC.

Filed 10/5/99

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99 OCT -4 AM 10:08
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION OF
LINDA'S NAIL & BEAUTY SUPPLY, INC.**

The undersigned, for the purpose of forming a corporation under the Florida
Business Corporations Act do hereby adopt the following Articles of Incorporation:

**ARTICLE I
NAME**

The name of the corporation is **LINDA'S NAIL & BEAUTY SUPPLY, INC.**

**ARTICLE II
OFFICES**

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

**5179-81 S. UNIVERSITY DR.
DAVIE, FL 33328**

The corporation may have such other offices, either within or without the State of Florida, as the board of directors may designate, or as the business corporation may require from time to time.

**ARTICLE III
PURPOSE**

The general purposes for which the corporation is organized are:

1. To engage in general services, including but not limited to: **WHOLESALE**
2. To transact any other lawful business for which corporations may be incorporated under the Florida Business Corporation Act.

Prepared By:
**L & I GALLO, INC.
1200 DANBURY AVE.
DAVIE, FL 33325
(954) 424-7239 Fax 472-9280**

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**ARTICLE IV
CAPITALIZATION AND SHARES**

The number of shares which the corporation is authorized to issue is 1000 common shares at 1.00 par value.

**ARTICLE V
REGISTERED AGENT**

The name and address of the initial registered agent shall be:

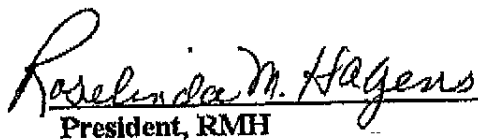
**ROSELINDA M. HAGENS
5179-81 S. UNIVERSITY DR.
DAVIE , FL 33328**

**ARTICLE VI
DIRECTORS**

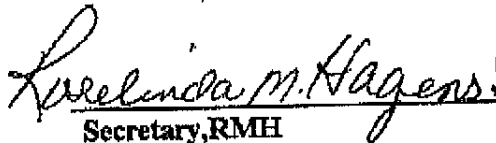
The number of directors constituting the initial board of directors is/are (2). The name and address of each Principal is:

**ROSELINDA M. HAGENS
5179-81 S. UNIVERSITY DR.
DAVIE , FL 33328**

**JOSEPH B. HAGENS
5179-81 S. UNIVERSITY DR.
DAVIE , FL 33328**


President, RMH


Vice-president, JBH


Secretary, RMH


Treasurer, JBH

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**ARTICLE VII
INCORPORATES**

The name and address of each incorporate is:

**PRESIDENT
ROSELINDA M. HAGENS
5179-81 S. UNIVERSITY DR.
DAVIE, FL 33328**

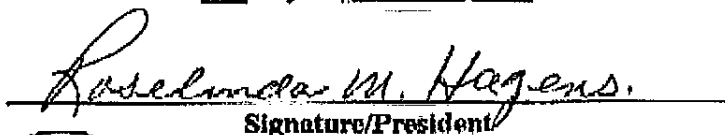
**VICE PRESIDENT
JOSEPH B. HAGENS
5179-81 S. UNIVERSITY DR.
DAVIE, FL 33328**

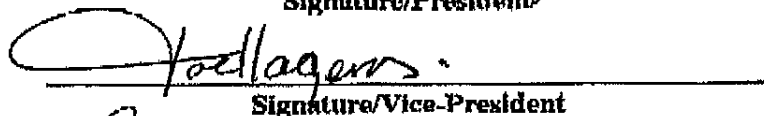
**SECRETARY
ROSELINDA M. HAGENS
5179-81 S. UNIVERSITY DR.
DAVIE, FL 33328**

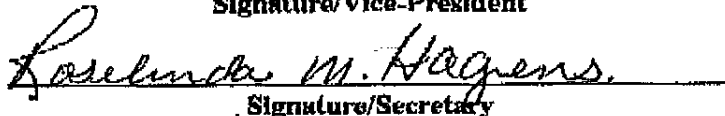
**TREASURER
JOSEPH B. HAGENS
5179-81 S. UNIVERSITY DR.
DAVIE, FL 33328**

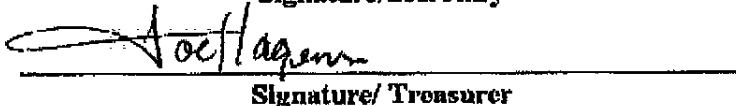
The undersigned has (have) executed these Articles of Incorporation this

29 day of June 1999


Signature/President


Signature/Vice-President


Signature/Secretary


Signature/ Treasurer

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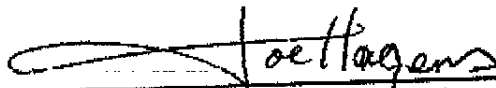
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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE**

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 statements in designating the registered office / registered agent, in the state of Florida.

1. The name of the corporation is: LINDA'S NAIL & BEAUTY SUPPLY, INC.
2. The name and address of the registered agent and office is:

ROSELINDA M. HAGENS
5179 81 S. UNIVERSITY DR.
DAVIE, FL 33328



Signature/corporate officer, JBH.

Title Vice President

Date 06/29/99

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in the certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.



Signature, LMH

Date 06/29/99

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