01 SEP -4 PH 12: 59

SECKLIANT OF STATE TALLAHASSEE, FLORIDA Department of State **Division of Corporations** P. O. Box 6327

> 04569006--6 05/01--01012--021

)iUA (Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00

Tallahassee, FL 32314

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

**\$78.75** 

Filing Fee

& Certified Copy

**2** \$87.50

Filing Fee, Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

Esther Briceno
Name (Printed or typed) FROM: MARIA

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

ARTICLES	<b>OF</b>	<b>INCORP</b>	ORATION
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The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

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ARTICLE I NAME

The name of the corporation shall be:

DIVA NAILS AND SKIN CARE

SECHLIAGO OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

10020 SW 145 PLACE Miami, FL. 33186

<u>ARTICLE</u> III \_\_\_ SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 shares of No par value COMMON Stock, With identical rights and privileges, the transfer of which is Restricted according to the by LAWS OF the corporation.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

HARIA ESTHER BRICENO 10020 S.W. [45 PLACE MIAMI, FL. 33186

**INCORPORATOR** ARTICLE V

The name and address of the incorporator to these Articles of Incorporation are:

HARIA ESTHER BriceNO 10020 S.W. 145 PLACE MIAMI, FC. 33186

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

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this 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

8/27/2001

Signature/Registered Agent