

TRANSMITTAL LETTER

P 01000101648

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

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-10/18/01--01038--005
*****78.75 *****78.75

SUBJECT: Nails by Selene, Inc.
(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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Selene O'Connor
Name (Printed or typed)

5149 Oakmont Village Circle
Address

Lake Worth, FL 33463
City, State & Zip

561-963-9352
Daytime Telephone number

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 OCT 18 PM 1:06

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Nails by Selene, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5449 Oakmont Village Circle
Lake Worth, FL 33463

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Manicure/pedicure

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Selene O'Connor Pres/Sec'y
5449 Oakmont Village Circle
Lake Worth, FL 33463

Robert O'Connor VP/Treas.
5449 Oakmont Village Circle
Lake Worth, FL 33463

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Selene O'Connor
5449 Oakmont Village Circle
Lake Worth, FL 33463

ARTICLE VII INCORPORATOR

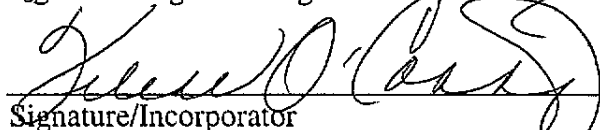
The name and address of the Incorporator is:

Selene O'Connor
5449 Oakmont Village Circle
Lake Worth, FL 33463

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


Signature/Registered Agent

10/15/01
Date


Signature/Incorporator

10/15/01
Date

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