

TRANSMITTAL LETTER

P02000080312

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

100006548211--8  
-07/22/02--01040--009  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT:

MIRACLE NAILS SPA 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

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

MIRACLE NAILS SPA INC.

Name (Printed or typed)

10205 STERLING RD

Address

Cooper City FL 33328

City, State & Zip

954-252-2606

Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 JUL 22 PM 1:23

FILED

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

## 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:

MIRACLE NAILS SPA INC

### ARTICLE II PRINCIPAL OFFICE

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

x 10205 Sterling Rd  
Corpor City FL 33328

### ARTICLE III SHARES

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

100 Shares.

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Milagros Gonzalez  
15600 Derby Ct  
FT. LAUDERDALE FL 33331

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TALLAHASSEE, FLORIDA

ARTICLE V 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):

MILAGRO GONZALEZ      PRESIDENT  
15600 DERBY CT  
FT LAUDERDALE, FL 33331      DIRECTOR

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

17<sup>th</sup> day of July, 2002.

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

  
Signature

\_\_\_\_\_  
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.

1. The name of the corporation is:

MIRACLE NAILS SPA INC.

2. The name and address of the registered agent and office is:

MILAGRO GONZALEZ  
(NAME)

15600 DERBY CT

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

FT. LAUDERDALE FL 33331  
(CITY/STATE/ZIP)

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*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.*

X Milagro Gonzalez  
(SIGNATURE)

7/17/02  
(DATE)