

# 483800082915

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)205-0381

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

03 JUL 29 AM 9:05

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DIVISION OF CORPORATIONS

**FLORIDA PROFIT CORPORATION OR P.A.**

**#1 NAILS & SPA., INC.**

Certificate of Status	0
Certified Copy	1
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7-08-01

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## **ARTICLES OF INCORPORATION #1 NAILS & SPA, INC.**

We, the undersigned are desirous of forming a corporation under the laws of the state of Florida such, laws that are applicable to corporations for profit, and respectfully petition the secretary of state for approval of such incorporation under the following proposed certificate of incorporation.

### **ARTICLE I**

#### **NAME**

The name of the corporation shall be # 1 NAILS & SPA, INC  
. And its principle place of business shall be 11332 SW 184 ST MIAMI, FL 33157

And any other location that the board of directors may deem appropriate.

### **ARTICLE II**

#### **RESIDENT AGENT**

The resident agent of the corporation shall be KIM NGUYEN 15959 SW 95 AVE APT 1 A MIAMI, FL 33157

### **ARTICLE III**

#### **GENERAL NATURE OF BUSINESS**

The general purpose or objet to be transacted promoted or carried on by this corporation is any activity or business permitted under the laws of the United States and of the States of Florida.

## **ARTICLE IV**

### **SHARES OF STOCK**

The maximum number of shares of stock that corporation is authorized to have outstanding at any time is five hundred (500) of common stock.

## **ARTICLE V**

### **AMOUNT OF CAPITAL**

The amount of capital with which the corporation will begin business will be a minimum of five hundred dollars (\$500.00)

## **ARTICLE VI**

### **DURATION**

This corporation is to have perpetual existence commencing upon the approval by the secretary of state of this certificate of incorporation.

## **ARTICLE VII**

### **DIRECTORS**

ONE directors will manage the affairs of the corporation. The names and addresses of the individual who is to serve as director until new director are elected at the shareholders meeting is:

**NAME**

**ADDRESS**

KIM NGUYEN

PRESIDENT

15959 SW 95 AVE APT 1 A

MIAMI, FL 33157

WE, THE UNDERSIGNED, BEING THE ORIGINAL SUBSCRIBERS TO THIS  
CERTIFICATE OF INCORPORATION, DO HEREBY MAKE, SUBSCRIBE,  
ACKNOWLEDGE AND FILE THIS CERTIFICATE AND CERTIFY THAT THE  
FACTS STATED HEREIN ARE TRUE, AND HAVE UNTO SET MY HAND AND  
SEAL THIS 28 DAY OF JULY 2003

  
KIM NGUYEN

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JUL 29 AM 9:05

**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 statement in designating the registered office registered agent, in the state of Florida.

1. The name of the corporation is # 1 NAILS & SPA, INC.

2 The name and address of the registered agent is KIM NGUYEN 15939 SW 95 AVE APT 1 A MIAMI, FL 33157

SIGNATURE



TITLE

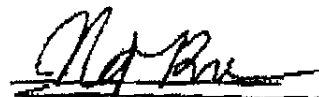
President

DATE

7/28/03

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 THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THE CAPACITY I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I'M FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE



DATE

7/28/03