

PO3000094414

(Requestor's Name)

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☐ PICK-UP

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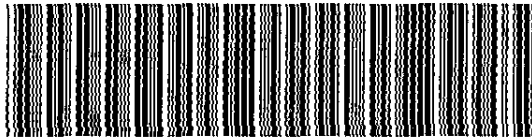
(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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RECEIVED
03 AUG 28 AM 11:10
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
03 AUG 28 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/28/03

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. NAIL DESIGNS, INC.

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)



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Pick up time

2:00



Certified Copy



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Will wait



Photocopy



Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF INCORPORATION

The undersigned incorporate(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

FILED
03 AUG 28 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

NAIL DESIGNS, INC.

ARTICLES II PRINCIPAL OFFICE

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

**41 CAMPINA COURT
CORAL GABLES, FI 33134**

ARTICLES III SHARES

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

500 SHARES \$ 1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**MARIA D. FREDERICKS
41 CAMPINA COURT
CORAL GABLES, FL. 33134**

ARTICLES V INCORPORATE(S)

The name and street address (es) of the incorporate(s) to these Articles of Incorporation is (are):

WANDA L. DITTHARDT
41 CAMPINA COURT
CORAL GABLES, FL. 33134

PRESIDENT, DIRECTOR

MARIA D. FREDERICKS
41 CAMPINA COURT
CORAL GABLES, FL. 33134

SECRETARY, TREASURER, DIRECTOR



ARTICLE VI DIRECTOR (S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is(are):

WANDA L. DITTHARDT
41 CAMPINA COURT
CORAL GABLES, FL. 33134

MARIA D. FREDERICKS
41 CAMPINA COURT
CORAL GABLES, FL. 33134

The undersigned incorporate(s) has (have) executed these Articles of Incorporation this
26TH day of AUGUST, 2003

x		
	SIGNATURE	PRESIDENT, DIRECTOR
x		
	SIGNATURE	SECRETARY, TREASURY, DIRECTOR
	SIGNATURE	

Articles of Incorporation

Filing Fee - \$35.00

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISION OF SECTION 607 .051, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANISED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the corporation is:

NAIL DESIGNS, INC.


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

MARIA D. FREDERICKS
(Name)

41 CAMPINA COURT
(PO Box not acceptable)

CORAL GABLES, FL 33134
(City/State/Zip)

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.



MARIA D. FREDERICKS (Signature)

08/26/2003
(Date)

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TALLAHASSEE, FLORIDA