# P03000108549

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
r
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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## **Transmittal Letter**

Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

SUBJECT: Juliana's, a Nail Salon, Inc.

Enclosed are 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:

Frederick Freed

3502 Casablanca Avenue

St. Petersburg, Florida 33706

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

Make checks payable to: Florida Department of State

#### 

### ARTICLES OF INCORPORATION

FILED

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business

Corporation Act, hereby adopts the following Articles of Incorporation CRETARY OF STATE

TALLAHASSEE FLORIDA

**ARTICLE 1: NAME** 

Juliana's, a Nail Salon, Inc.

ARTICLE II: PRINCIPAL OFFICE

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

2203 Tyrone Boulevard St. Petersburg, Florida 33710

**ARTICLE III: SHARES** 

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

1000 shares

#### ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS:

Frederick Freed 3502 Casablanca Avenue St. Petersburg, Florida 33706

ARTICLE V: INCORPORATOR(S)

Frederick Freed 3502 Casablanca Avenue St. Petersburg, Florida 33706

Signature/Incorporator

Date

Having been named as registered agent and to accept service of process for the above 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.

signature of Registered Agent

Date