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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	:#)
PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	v



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TRANSMITTAL LETTER

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

	(I NOI OSED COM ONA)	E HAME - MOOF HIVE	<u>VIO BOTTIA</u>)
Enclosed are an ori	ginal and one (1) copy of the artic	eles of incorporation and	a check for:
\$70.00 Filing Fee	Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	DIAMOUND NAILS Name (
	MINAMAN, FC City, S 301) 528-49 Daytime Te	State & Zip Y O 2_ elephone number	

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:

DIAMOND NAILS AND SPA INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

MIRAMAR, FC 33027

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SALON

ARTICLE IV SHARES

The number of shares of stock is:

2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

PHUC NGUYEN -16418 S.W. 30TH 9T MIRAMAR, FC 33027

ARTICLE VI REGISTERED AGENT

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

PHUC NGUYEN 16418 SW 30TH 91 MIRAMAR, FC 33027

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PHUL NGUYEN (6418 SW 30TH ST

MIRAMAN, FC 33027

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

2-24-04 Date

2-24-09 Date

Signature/Incorporator