Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000204588 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0381

Account Name

: FAS-I CORP. AGENTS, INC.

Account Number : 071001002335 . . .

: (305)599-0839

Fax Number

: (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

CREATIVE NAILS BY TOMMY INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu.

Corporate Filing

Public Access Help

I of I



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 14, 2004

FAS-T CORP. AGENTS, INC.

SUBJECT: CREATIVE NAILS BY TOMMY INC.

REF: W04000037835

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please check the spelling of the officer/directors and the incorporators name.

An effective date may be added to the Articles of Incorporation 1f a 2005 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

If you have any further questions concerning your document, please call (850) 245-6973.

Claretha Golden Document Specialist New Filings Section

FAX Aud. #: H04000204588 Letter Number: 704A00059226

ARTICLES OF INCORPORATION

CREATIVE NAILS BY TOMMY INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation. $\Rightarrow_{\sigma} \in$

ARTICLE L NAME

The name of the corporation shall be:

Creative Nails by Tommy Inc.
The principal place of business of this corporation that be: 3415 5.00 8 Street Uranu, # 35135.

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

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

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

BINH-TRANI 59035W148ct Wianii, # 33193

ARTICLE V INCORPORATOR(S)

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

Binh-Tran 5903 S.W 148 ct. Migmi, FL 33193

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

Signature

day of October 190004

Signature

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: Creative Nails by T	TOM W	<u>.</u> y-	
	• • • • • • • • • • • • • • • • • • • •			
2.	The name and address of the registered agent and office is:	SECH ALLL	04 OCT	•
	Marisol Hernandez	AHASS	CT	<u> </u>
	(Name)	<i>`</i> ∺~<	7.00] [[]
	36 Majorca Ave #2	. TES	64 :O! W	D
	(P,O, Box not acceptable)	≅≅	Ē	
	Roral Gables, # 33/34	<u>⊒</u> m	9	
	(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.

(Signature)

10-6-04