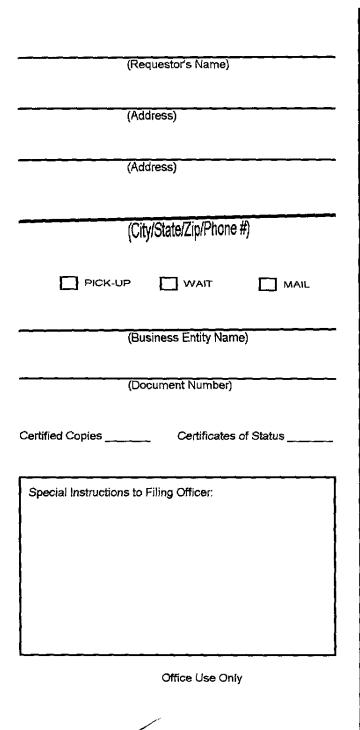
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#### · TRANSMITTAL LETTER

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

SUBJECT: C-D NA	AILS INCORPORATED  (PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SÚFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	l a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: DU	ING ANH NGUYEN		
		e (Printed or typed)	
42 W NEW HAVEN AVE Address			<del></del>
MELLBUORNE, FL 32901  City, State & Zip			
	407-701-2041	Telephone 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:

CD- NAILS INCORPORATED

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 42 W NEW HAVEN AVE.
MELBUORNE, FL 32901

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

#### ARTICLE IV SHARES

The number of shares of stock is: 100

#### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

DUNG ANH NGUYEN

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#### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

DUNG ANH NGUYEN 42 W NEW HAVEN AVE. MELBUORNE, FL 32901

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DUNG ANH NGUYEN 42 W NEW HAVEN AVE. MELBUORNE, FL 32901

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 any accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

Date

6/21/04/ Date