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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FLORIDA PROFIT CORPORATION OR P.A.**

**DARLY'S NAILS, CORP.**

Certificate of Status	0
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**ARTICLES OF INCORPORATION  
OF  
DARLY'S NAILS, CORP.**

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.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE I-NAME**

The name of corporation shall be: **DARLY'S NAILS, CORP**

The principal place of business of this corporation shall be:  
208 NE 8 ST  
HOMESTEAD, FL 33030

**ARTICLE II- NATURE OF BUSINESS**

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

**ARTICLE III-CAPITAL STOCK**

The maximum number of shares with this Corporation is authorized to have outstanding at any time is 1000 shares of common stock having no par value.

**ARTICLE IV-TERM OF EXISTENCE**

This corporation is to exist perpetually.

**ARTICLE V-INITIAL BOARD OF DIRECTORS**

The initial Board of Directors shall consist of one member(s).

The numbers of directors may be increased from time to time by vote of the Board of Directors, but in no case shall the number of directors be less than one nor more than 15.

The name(s) and address(es) of the director(s) constituting the initial Board of Directors is/are:

Name.

JOSE L. MONZON

Address

12085 SW 250 TERR  
HOMESTEAD FL 33032

**ARTICLE VI- INCORPORATOR(S)**

The name(s) and address(es) of the Incorporator is/are:

Name

JOSE L. MONZON

Address

12085 SW 250 TERR  
HOMESTEAD, FL 33032

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

  
Incorporator

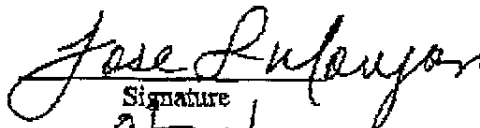
**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICER**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under laws of the State of Florida, submits the following statement in designating the registered officer/registered agent in the State of Florida.

1. The name of the corporation is: **DARLY'S NAILS, CORP**
2. The name and address of the registered agent and officer is :

**JOSE L. MONZON  
12085 SW 250 TERR  
HOMESTEAD, FL 33032**

**HAVING BEEN NAMED AS REGISTERED AGENT AND ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED, AS REGISTERED AGENT 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  
9/29/05  
Date

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CLERK OF STATE  
TALLAHASSEE, FLORIDA