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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

2006 SEP - 1 P 1:56
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

SUPER NAILS SERVICES INC.

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9-5-06
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ARTICLES OF INCORPORATION
OF

SUPER NAILS SERVICES INC.

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TALLAHASSEE, FLORIDA

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.

ARTICLE I NAME

The name of the corporation shall be:

SUPER NAILS SERVICES INC.

The principal place of business of this corporation shall be:

5084 Biscayne Blvd, Miami, Florida 33137

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:

100 SHARES AT \$1.00 PAR VALUE

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):

IDALMYS BARAKAT (P, S & T)
222 SW 19 RD
Miami, FL 33129

ARTICLE VI INCORPORATOR(S)

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

IDALMYS BARAKAT
222 SW 19 RD
Miami, FL 33129

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 1st. day of September, 2006.

Signature(s) of Incorporator(s)

Idalmys Barakat

STATE OF FLORIDA
COUNTY OF _____

THE FOREGOING instrument was acknowledged and sworn to before me this _____ day of _____, 19__, by _____ (Name of incorporator) of _____ (Name of Corporation)

Notary Public

My Commission Expires: _____

(SEAL)

ARTICLES OF INCORPORATION FILING FEE:

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, 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: SUPER NAILS SERVICES INC.

2. The name and address of the registered agent and office is:

Idalmys Barakat

(P.O. BOX NOT ACCEPTABLE)

5084 Biscayne Blvd Miami, Florida 33137

(CITY/STATE/ZIP)

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TALLAHASSEE, FLORIDA

SIGNATURE 

(corporate officer)

TITLE PRESIDENT/SEC/T

DATE 09/01/06

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE 

DATE 09/01/06

REGISTERED AGENT FILING FEE: