

PO9000032394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

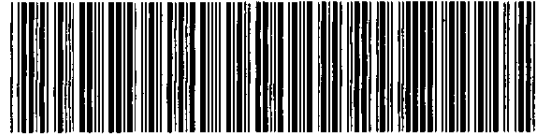
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: Transfer from NJ to Florida

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	\$78.75
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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FROM: MAGALY MC LINA
Name (printed or typed)

930 SW 151st St
Address

MIAMI FL 33194-2772
City, State & Zip

786-556-8992
Daytime Telephone Number

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TALLAHASSEE, FLORIDA

CERTIFICATE OF DOMESTICATION

The undersigned, MAGALY MOLINA, PRESIDENT,
(Name) (Title)

of MAGALY NAILS AND HAIR CORPORATION a foreign corporation,
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was OCTOBER 10, 2006.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was STATE OF NEW JERSEY.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was MAGALY NAILS AND HAIR CORPORATION.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is MAGALY NAILS AND HAIR CORPORATION.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was NEW JERSEY.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am PRESIDENT, of MAGALY NAILS AND HAIR CORPORATION

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 19 day of JANUARY, 2009

Magaly Molina
(Authorized Signature)

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TALLAHASSEE, FLORIDA

Filing Fee:	
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ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:
MAGALY NAILS AND HAIR CORPORATION

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:
930 SW 151 ST
MIAMI , FLORIDA 33194-2772

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:
NAILS AND HAIR PREPARATIONS

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:
100 SHARES

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:
MAGALY MOLINA PRESIDENT
225 79 ST
NORTH BERGEN , NJ 07047

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:
RUBEN PINON
14750 NW 77 CT
MIAMI LAKES , FLORIDA 33016

ARTICLE VII INCORPORATOR


THE NAME AND ADDRESS OF THE INCORPORATOR IS:
MAGALY MOLINA
930 SW 151 ST
MIAMI , FLORIDA 33194-2772

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 AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.



Signature/ Registered Agent

Jan 19 / 2009
Date



Signature/ Incorporator

1-19-2009
Date

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TALLAHASSEE, FLORIDA