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SECRETARY OF STATE TALLAHASSEE, FLORID

JUL 16 2009 D. A. WHITE

COVER LETTER

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

SUBJECT: DEKA MAILS	Inc. ename- <u>must incl</u>		
(PROPOSED CORPORAT	'E NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:			
☐ \$70.00 ★ \$78.75 Filing Fee Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
l	ADDITIONAL CO	PY REQUIRED	
FROM: Deka Dails Inc. Name (Printed or typed)			
214 E. Tarpon Address			
Tarpon Springs, FL 34689 City, State & Zip			
727.415. C	PTOO lephone number		
Dekanails ac E-mail address: (to be used	ol. COM With the for future annual report	otification)	

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:	FILED
Deka nails Inc.	2009 JUL 15 P # 15
ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
214 E. Tarpon Ave., Tarpon Sp	orings, FL 34689
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
nail salon/ Day spa	
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): NIKI SHIIQNOS, 314 Bath St., Tarpon Spys, f. Trene Stillunos, 314 Bath St., Tarpon Spys, f. 3	L 34689 (P,D,S) 54689 (VP,D,T)
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the	registered agent is:
NIKI SHIIQHOS 314 Both St. Tarpon Sposifi 34689 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: NIKI SHIIGHOS 314 Both St.	
Tarpon Spgs, fl 34689 ************************************	********
Having been named as registered agent to accept service of process for place designated in this certificate, I am familiar with and accept the agree to act in this capacity	or the above stated corporation at the
Neh Stilians	7.12.09
Signature/Registered Agent Stilw	Date
Signature/Incorporator	Date

Signature/Incorporator