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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : KRISTORNA SERVICES, INC.
Account Number : T20080000033
Phone : (305) 644-3055
Fax Number : (305) 644-3052

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
LOU NAILS SALON, CORP**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

CMD 12/11

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: **LOU NAILS SALON, CORP**

ARTICLE II PRINCIPAL OFFICE

Principal Address and Mailing Address: **2742 SW 8 ST # 17
MIAMI, FL 33135**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **ANY AND ALL LAWFUL BUSINESS**

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Title: **PRESIDENT**
Name: **LUISA ESTABA**
Address: **2742 SW 8 ST # 17
MIAMI, FL 33135**

Title: **VICE PRESIDENT**
Name: **LINDA VICENTA WILLIAMS**
Address: **8444 MIRAMAR PKWY
MIRAMAR, FL 33025**

ARTICLE VI REGISTERED AGENT

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

Name: **LUISA ESTABA**
Address: **2742 SW 8 ST # 17
MIAMI, FL 33135**

The name and address of the Incorporator is:

Name: **LUISA ESTABA**
Address: **2742 SW 8 ST # 17
MIAMI, FL 33135**

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

Date: **December 10, 2012**


Required Signature/Registered Agent

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Date: **December 10, 2012**


Required Signature/Incorporator

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA