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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

HAPPY HOUR NAILS SAA, INC

Account Number: I20000000019

Phone Fax Number : (305)552-5973 : (305)220-1440

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

Certificate of Status Certified Copy 1 Page Count 03 Estimated Charge \$78.75

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ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

HAPPY HOUR NAILS SPA, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be

1667 S.W. 107TH AVENUE

MIAMI, FLORIDA 33165-7344

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time:

ONE THOUSAND (1,000.)

ARTICLE IV INTIAL REGISTER AGENT AND STREET ADDRESS

MONICA F. GONZALEZ

1667 S.W. 107TH AVENUE MIAMI, FLORIDA 33165-7344

ARTICLE V INCORPORATOR

The name and address of the incorporator to this Articles of incorporation is:

MONICA F. GONZALEZ

1667 S.W. 107TH AVENUE, MIAMI, FLORIDA 33165-7344

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The undersigned incorporator has executed these Articles of incorporation this 7th_day of March, 2014.

ARTICLE VI DIRECTOR(S

The name(s) and street address(s) of the director(s) to these Article of Incorporation is (are):

MONICA F. GONZALEZ PRESIDENT

1667 S.W. 107TH AVENUE MIAMI, FLORIDA 33165-7344

CERTIFICATION OF DESIGNATION OF REGISTER AGENT / REGISTERED OFFICE

Having been as Registered Agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept appointment as Register Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature

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SECRETARY OF STATE