

06/09/2015

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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 : PEREZ ARCHE AN ACCOUNTING & TAX SERVICES INC  
Account Number : I20070000033  
Phone : (305)649-7040  
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Email Address: draica@sabel@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**MD NAIL SPA CORP**

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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:

**MD NAIL SPA CORP**

### **ARTICLE II PRINCIPAL OFFICE**

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

10 ARAGON AVENUE, #1515  
CORAL GABLES, FL 33134

### **ARTICLE III SHARES**

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

**100 SHARES**

### **ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

**ANA ISABEL ARAICA**  
4011 W FLAGLER ST STE 501  
CORAL GABLES, FL 33134

### **ARTICLE V: THE MANNER IN WHICH DIRECTORS ARE ELECTED OR APPOINTED IS:**

This Corporation may engage or transact any or all lawful activities or business permitted under the laws of the US, the State of Florida, Country, territory or Nation.

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

Pursuant to the provisions of sections 607.0501 or 617.0501, 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.

The name of the corporation is:

**MD NAIL SPA CORP**

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

**ANA ISABEL ARAICA  
4011 W FLAGLER ST STE 501  
CORAL GABLES, FL 33134**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN HIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

*Ana Araica*

DATE

*06/9/15*

**ARTICLE VI INCORPORATORS(S)**

The name(s) and address(es) of the incorporator(s) to these Articles of Incorporation is(are):

**MAYA E MELENDEZ**  
10 ARAGON AVENUE, #1515  
CORAL GABLES, FL 33134

**ARTICLE VII DIRECTOR(S)**

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

**MAYA E MELENDEZ**  
10 ARAGON AVENUE, #1515  
CORAL GABLES, FL 33134

**PRESIDENT**

**RICARDO CORTEZ**  
10 ARAGON AVENUE, #1515  
CORAL GABLES, FL 33134

**VICE-PRESIDENT**

The undersigned incorporator(s) has(have) executed these Articles of incorporation this  
June 9, 2015.

  
\_\_\_\_\_  
SIGNATURE

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

Pursuant to the provisions of sections 607.0501 or 617.0501, 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.

The name of the corporation is:

**MD NAIL SPA CORP**

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

**ANA ISABEL ARAICA  
4011 W FLAGLER ST STE 501  
CORAL GABLES, FL 33134**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN HIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

*Ana Isabela Araica*

DATE

*06/9/15*