

11/22/2033 06:41

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Florida Department of State  
Division of Corporations  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
PILY NAILS CORPORATION

Certificate of Status	0
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#3564 P. 002/003

No. 9/15 P. 2

H16000007906

**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: PILY NAILS CORPORATION

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

7878 NW 91 STREET

HIALEAH, FL 33015

Mailing address, if different is:

7878 NW 191 STREET

HIALEAH, FL 33015

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: MANICURE SERVICES

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MARIA DEL PILAR RAMOS

Name and Title: \_\_\_\_\_

Address: PRESIDENT

Address: \_\_\_\_\_

7878 NW 191 STREET

HIALEAH, FL 33015

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: MARIA DEL PILAR RAMOS  
Address: 7878 NW 191 STREET  
HIALEAH, FL 33015

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARIA DEL PILAR RAMOS  
Address: 7878 NW 191 STREET  
HIALEAH, FL 33015

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 01/11/2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

01/11/2016

Date

*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.817.135, F.S.*

  
\_\_\_\_\_  
Required Signature/Incorporator

01/11/2016

Date

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