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16 AUG 11 PM 3:52

**FLORIDA PROFIT/NON PROFIT CORPORATION
ULTRA NAIL SPA, INC**

Certificate of Status	0
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08/12/16

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Help

AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared, NICKY L. TRAN who after being first duly sworn, under oath, deposes and says:

1. He undersigned is the President of ULTRA NAIL SPA, INC a Florida corporation, filed with the Florida Department of State on FEBRUARY 28, 2005.
2. The undersigned hereby consents to and authorizes the use of the name ULTRA NAIL SPA to CHAU LE for the purpose of incorporating a new entity.
3. The undersigned has personal knowledge of the facts and matters set forth herein and therefore has no intentions of reinstating the Dissolved entity.

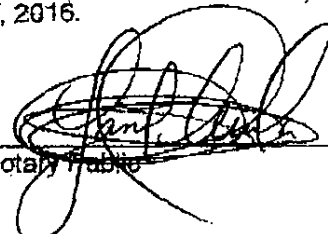
FURTHER AFFIANT SAYETH NAUGHT.

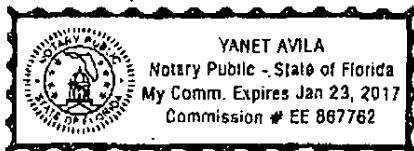

NICKY L. TRAN

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me, NICKY L. TRAN who is personally known to me, who being by me first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

WITNESS my hand and seal this 25 day of JULY, 2016.


Notary Public



15 AUG 11 PM 9:57

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME ULTRA NAIL SPA, INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address _____

Mailing address, if different is: _____

8993 OKEECHOBEE BLVD STE: 106

WEST PALM BEACH, FL 33411

ARTICLE III PURPOSE ANY AND ALL LAWFULL BUSINESS
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES SHARES: 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHAU LE (P) Name and Title: _____

Address 8993 OKEECHOBEE BLVD STE: 106 Address: _____

WEST PALM BEACH, FL 33411 _____

Name and Title: _____ Name and Title: _____

Address Address: _____

Name and Title: _____ Name and Title: _____

Address Address: _____

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: CHAU LE
Address: 8993 OKEECHOBEE BLVD STE:106
WEST PALM BEACH, FL 33411

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: CHAU LE
Address: 8993 OKEECHOBEE BLVD STE: 106
WEST PALM BEACH, FL 33411

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

07/25/2016
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.817.155, F.S.

Required Signature/Incorporator

07/25/2016
Date