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7/13/2017

P17 000 FAX No 060 236
Division of Corporations

Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
PASSION NAIL'S CORP.**

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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
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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: PASSION NAIL'S CORP.

ARTICLE II PRINCIPAL OFFICEPrincipal street address3539W 89 PL HIALEAH, FLORIDA 33018

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

IMPORT, EXPORT AND DISTRIBUTION OF BEAUTY PRODUCTS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: LUIS GUILLEN, (PRESIDENT)Name and Title: GABRIEL GUILLEN, (VICE-PRESIDENT)Address 3539W 89 PL HIALEAH FLORIDA 33018Address: 3539W 89 PL HIALEAH FLORIDA 33018

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: LUIS ALBERTO GUILLEN MADUENO
Address: 3539W 89 PL HIALEAH FLORIDA 33018

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: LUIS ALBERTO GUILLEN MADUENO
Address: 3539W 89 PL HIALEAH FLORIDA 33018

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 days prior or 90 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

07/13/2017

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.817.153, F.S.



Required Signature/Incorporator

07/13/2017

Date

17 JUL 13 PM 1:16