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**FLORIDA PROFIT/NON PROFIT CORPORATION
D'ARMAS NAILS, CORP**

Certificate of Status	0
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Name and Title: _____ Name and Title: _____
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ARTICLE VI REGISTERED AGENT

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

Name: SILVIO DE ARMAS
Address: 19020 NW 54TH AVENUE
MIAMI GARDENS, FL 33055

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SILVIO DE ARMAS
Address: 19020 NW 54TH AVENUE
MIAMI GARDENS, FL 33055

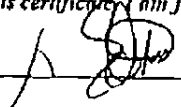
ARTICLE VIII EFFECTIVE DATE: 09/28/2018

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

09/28/2018

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

09/28/2018

Date