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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FL

2018 OCT 24 AM 9:02

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FLORIDA PROFIT/NON PROFIT CORPORATION VERONICA V.I.P. NAIL & SPA INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Veronica V.I.P. Nail & Spa Inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

877 SW 149 CT.
Miami FL, 33194**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Veronica Nivel Siles-Guzman (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

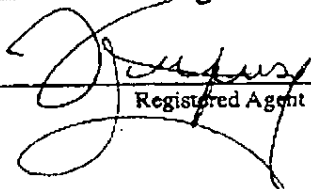
Veronica Nivel Siles-Guzman
877 SW 149 CT
MIAMI FL 33194**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:VERONICA NIVEL SILES - GUZMAN
877 SW 149 CT
MIAMI FL 33194STATE
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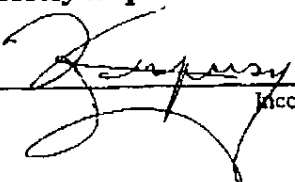
Required Signatures:

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



Registered Agent 10-24-18
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.



Incorporator 10-24-18
Date