

MAR/11/2019/MON 12:29 PM
1500232200

FAX No.

P.001/004
P.01/01

TRANSACTION REPORT

MAR/07/2019/THU 11:37 AM

FAX (TX)

#	DATE	START T.	RECEIVER	CON. TIME	PAGE	TYPE/NOTE	FILE
001	MAR/07	11:33AM	18502456175381			MEMORY NO RESPONSE	9242

THE FOLLOWING DATA COULD NOT BE SENT.
PLEASE GIVE THIS TRANSACTION REPORT TO SENDER.

2nd FAX

**honor
Date**

P19000076456389

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H190000764563)))



H190000764563AEC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

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

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : 120030000146
Phone : (305)444-4994
Fax Number : (305)444-4977

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION GOLDEN NAILS SPA INC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

2019 MAR 11 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: GOLDEN NAILS SPA INC**ARTICLE II PRINCIPAL OFFICE**Principal street address18520 NW 67TH AVE#309MIAMI, FL 33015

Mailing address, if different is:

18520 NW 67TH AVE#309MIAMI, FL 33015**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: SHARES: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: VICTORIA D. RICHARDSON (P/S/D)Address 18520 NW 67TH AVE #309MIAMI, FL 33015

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

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: VICTORIA D. RICHARDSON
Address: 18520 NW 67TH AVE #309
MIAMI, FL 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: VICTORIA D. RICHARDSON
Address: 18520 NW 67TH AVE #309
MIAMI, FL 33015

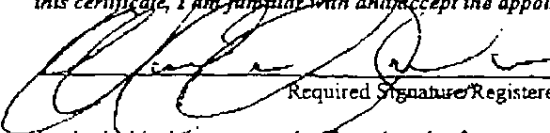
ARTICLE VIII EFFECTIVE DATE:

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 as 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/Incorporator

03-05-2018

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.