Division of Corporations Electronic Filing Cover Sheet

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| **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 YAYDI NAIL CORP | Email Address: FLORIDA PROFIT/NON PROFIT CORPORATION | an | the email add nual report m | dress for this | business enti | سرو والمالية | | |
|--|--|----|--------------------------------|----------------|----------------|-------------------|--------------------|-------|
| FLORIDA PROFIT/NON PROFIT CORPORATION YAYDI NAIL CORP | FLORIDA PROFIT/NON PROFIT CORPORATION YAYDI NAIL CORP Certificate of Status | | ail Address:_ | orrings, cate | r only one ema | il address please | or future e. ** | |
| | Certificate of Status 0 | | FLORIDA I | | | ORPORATIO | N = | 70700 |
| Certified Copy 1 | | | Page Coun Estimated (| | | 03 | | |

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

| ARTICLET NAME: The name of the corporation is: | | |
|--|----------------|--------|
| YAYDI NAIL CORP | | |
| ARTICLE II PRINCIPAL OFFICE: | | |
| The principal street address and mailing address is: | | |
| <u> 191019W 112</u> ST | | |
| M'AMIFL 33184 | | |
| | | |
| ARTICLE III SHARES: The number of shares of stock is: | • | |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: | | |
| YAY DILA ORTEGA (P) | | |
| | 207 | |
| | 20 O.C | -r |
| -,2 | 1 3 | 7 |
| | | ; 1" |
| | ₽ \ | ****** |
| ADTICLETY | 09 | |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO P | | |
| The name and Florida street address (PO Box not acceptable) of the registered agent is: | | |
| 14101 SW 11257 | | |
| MIMI FL 33196 | | |
| | | |
| ARTICLE 'VI INCORPORATOR: The name and address of the Incorporator is: | | |
| - YAYDIJA UNTRGO | | |
| 14101 SW 1/2 ST | | |
| MIANI FL 33186 | | |

Required Signatures:

| Having been named as registered agent to a corporation at the place designated in this cappointment as registered agent | ccept service of process for the above stated ertificate, I am familiar with and accept the and agree to act in this capacity |
|--|---|
| Julyani | Date |
| I submit this document and affirm that the fact the false information submitted in a documen third degree felony as provided for in s.817.15 | cts stated herein are true. I am aware that t to the Department of State constitutes a 5, F.S. |
| hicorporator | Date |