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Division of Corporations

**P22 000003882**

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Division of Corporations  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
PERLA'S NAILS & SPA CORP

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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: PERLA'S NAILS & SPA CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

5449 TIMBERLEAF BLVD APT 406ORLANDO, FL 32811**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: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Perla Massiel Marte Fernandez (P)

Name and Title: \_\_\_\_\_

Address

5449 TIMBERLEAF BLVD APT 406

Address: \_\_\_\_\_

ORLANDO, FL 32811

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

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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: Perla Massiel Marte Fernandez  
Address: 5449 TIMBERLEAF BLVD APT 406  
ORLANDO, FL 32811

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Perla Massiel Marte Fernandez  
Address: 5449 TIMBERLEAF BLVD APT 406  
ORLANDO, FL 32811

**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*

/s/ Perla Massiel Marte Fernandez  
Required Signature/Registered Agent

01/19/2022

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.*

/s/ Perla Massiel Marte Fernandez  
Required Signature/Incorporator

01/19/2022

Date

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