

4/22/22, 10:03 AM

Division of Corporations

**Florida Department of State**  
**Division of Corporations**  
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**FLORIDA PROFIT/NON PROFIT CORPORATION****AINED BEAUTY 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: AINED BEAUTY NAILS & SPA CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

21388 SW 112TH AVE # 208CUTLER BAY, FL 33189**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: AINED FUMERO LOPEZ (P)

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

Address 21388 SW 112TH AVE # 208

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

CUTLER BAY, FL 33189

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

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

Address \_\_\_\_\_

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

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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: AINED FUMERO LOPEZ

Address: 21386 SW 112TH AVE # 208

CUTLER BAY, FL 33189

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: AINED FUMERO LOPEZ

Address: 21386 SW 112TH AVE # 208

CUTLER BAY, FL 33189

**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/ Ained Fumero Lopez

Required Signature/Registered Agent

04/21/2022

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/ Ained Fumero Lopez

Required Signature/Incorporator

04/21/2022

Date

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