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.

LAZARUS CORPORATE

(((H23000232568 3)))



H230002325683ABC+

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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

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

Email	Address:_					
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FLORIDA PROFIT/NON PROFIT CORPORATION BETHEL NAIL SALON, INC

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

ARTICLES OF INCORPORATION

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

ARTICLE I NA	<u>ME</u>	*	
The name of the corp	poration shall be: BETHEL NA	AL SALON, INC	
	INCIPAL OFFICE Principal street address R		
ARTICLE III PU	RPOSE ch the corporation is organized is: MANICU	RE AND PENDICURE	
APTICLE IV. CII			
ARTICLE V INI	TIAL OFFICERS AND/OR DIRECTORS		To B
Name and T	Title: KELLY MATA	Name and Title:	
Address	PRESIDENT	Address:	
	14873 SW 176 TERR		
	MIAMI. FL 33187		
Name and Ti	tle:	Name and Title:	
Address		Address:	
Name and Ti	tle:	Name and Title:	
Address		Address:	
			

Name a	nd Title:	Name and Title:			
Address					
ARTICLE VI	REGISTERED AGENT				
the name and F	Torida street address (P.O. Box NOT acceptal	ole) of the registered agent is:			
Name:	KELLY MATA				
Address:	14873 SW 176 TERR				
	MIAMI, FL 33187	- 			
ARTICLE VII	<u>INCORPORATOR</u>				
	ddress of the incorporator is:				
	the medicorporator is:				
Name:	KELLY MATA				
Address:	14873 SW 176 TERR				
	MIAMI, FL 33187	17A			
-		- ALLA			
ARTICLE VIII	EFFECTIVE DATE:				
Lifective date, if	other than the date of filing:	The second secon			
filing.)	ate is listed, the date must be specific and ca	annot be more than five days prior or 90 days after the			
Note: If the data	incorporation about 12, 11, 1				
the document's of	frective date on the Department of State's reco	able statutory filing requirements, this date will not be listed as			
and determine 5 dy	rective date on the Department of State's reco	rds. <u>전기 그</u> 1 1000 가프 로			
Having La		_ '			
certificate, I am fo	ed as registered uyent to accept service of proce miliar with audjuccept the appointment as reg	ss for the above stated corporation at the place designated in this			
		are on agon and agree to act in inis capacity			
		06/27/2023			
	Required Signature/Registered Agent	Date			
I submit this docu	iment and affiring that the facts stated herein	are true. I am aware that the false Enformation submitted in a			
document to the D	epartment of State entistitutes a third degree fe	lony as provided for in s.817.155 F.C			
		y many or motor may be a tip			
Described Class		OEV27/2023			
Required Signatur	e/Incorporator	Date			