

10/29/2013

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LAZARUS CORPORATE

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P240000067148

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

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To:

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

From:

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Account Number : 120000000019
Phone : (305)552-5973
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**FLORIDA PROFIT/NON PROFIT CORPORATION
GEIDY'S DIAMOND NAILS INC**

Certificate of Status	0
Certified Copy	1
Page Count	04
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SECRETARY OF STATE
TALLAHASSEE, FL

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Corporate Filing Menu

Help

Florida Department of State
Attention: New Filings Section

are the
and he
To whom it may concern:

This is to advise that the owners of

GEIDY'S DIAMOND NAILS INC

of Document # P220000 78401

are the same owners of the attached articles. We have dissolved the company
and have no intention of reopening it.

Thank you for your help in this matter.

Thanks,

Geidy Caridad Reyes Lopez
President

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

EIN- 92-0705282

ARTICLE I NAME: The name of the corporation is:

Geidy's Diamond Nails Inc

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

22746 SW 92 PL Cutler Bay 33190 FL

ARTICLE III SHARES: The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Geidy Caridad Perez Lopez (P)

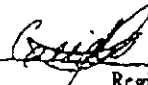
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

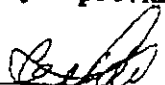
Geidy Caridad Perez Lopez
22746 SW 92 PL
Cutler Bay 33190 FL**ARTICLE VI INCORPORATOR:** The name and address of the incorporator is:Geidy Caridad Perez Lopez
22746 SW 92 PL
Cutler Bay FL 33190

Required Signatures:

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

X  _____
Registered Agent 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.

X  _____
Incorporator Date

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