TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

44.00 0 00 1 1 7 27 0 37 14 - 00/425/25 - 00/67-- 00 3 - 4444131.25 - 4444131.25

SUBJECT: CALIFORNIA NAILS INC
(Proposed corporate name - must include suffix)

nclosed is an origin or : [_] \$70.00 Filing Fea	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Cop	\$131.25 Filing Fee, Certified Copy & Certificate	
FROM:		(printed or typed)	RUONG	
	8643	WILSHIRE Address	E DR	
	Miram	or FL y, State & Zip	<u> 38023</u>	
	305 Daytime	835 - Telephone number	1079	

NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Busipess Corporation Act, hereby adopt(s) the following Articles of Incorporation.

The name of the corporation shall be: CALIFORNIA NAILS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

CACIFORNIA NAILS INC. 1900 NW 27th Auc #108 Michai, FC 33147

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: I share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

NHON U TRUONG 8643 WILSHIRE, DR. Miramar TC 33023

## ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

NHON V TRUONIGE 8043 WIL SHIRE DE. Mira Mar FC 33023

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

22 day of August, 19 95.

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

Signature

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

t. The name of the corporation is:	CACIFORNIA	NAILS INC
2. The name and address of the regi	stered agent and office is:	
NHON	U TRUONIG	\(\frac{1}{2}\)
7900 (P.O. B	NW 27-1-1 FUE (SX OF MAIL Drop Box NOT ACCEPTABLE)	#108 8
Miami	(FC 33147 (CITY/STATE/ZIP)	

How power named as registered agent and to accept service of process for the above stated corporate of at the place designated in this certificate, I hereby accept the appointment as registered agent and trace to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

WHOWARDS NEWOZY Aug. 22, 1995