96 MAR -4 PM 4: 08

SECRETARY OF STATE TALLAHASSEE. FLORIDA

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

SUBJECT: EXC		L Supply	INC	
(P		namo - must includo sulfix	-03/0	0001731523 04/9601121012 *122.50 ****122.50
Enclosed is an original for:	and one (1) co	py of the articles of l	ncorporation ar	nd a check
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
	,	Additional Copy F	Required	
FROM:	Name (printed br typed)		
	5944	34 51 N Address	1.428	
LA	ST. DE	HERSBURG.	FL 32	714
of LA Store	(813) Daytime	725-0140 Telephone number	(or) (X12	3) 825-8185
M				in the least of
the setting			•	11.3610

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

ARTICLES OF INCORPORATION

FILED

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SECRETARY OF STATE
The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business

Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

EXCEL NAIL SUPPLY, INC.

ARTICLE II PRINCIPAL OFFICE

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

5944 34 thorn #28 St. Petersburg FL 3374

ARTICLE III SHARES

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

ONE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LA, THUY'
5944 34thrn. #28
St. PEtersburg . FL. 33714

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):

JAA 34th st. N. #28 St. Peterosterior, 7L 33714

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

29 day of February, 19 9(P.

Signature

Signature

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

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA; ATATIVITES, TAME UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWALDA PARTIES THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	EXCEL	NAIL	SUPPLY	INC
2. The name and address of the re	gistered agent and office	ce is:		
	(NAME)			
591. (P.O	Box or Mail Drop Box NO	M = 2 TACCEPTABLE)	<u>.8</u>	
St. DE	JETS DUTG	-+L 33	714	

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree 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.

(SIGNATURE) (DATE)