# P96000064236

#### TRANSMITTAL LETTER

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

SUBJECT: CANDY'S NAILS CORPORA-FION
(Proposed corporate name - must include suffix)

Enclosen∜m an origina for :	l and one (1) c	opy of the articles of incorporation and a check
#70.00 Filing Fee	\$78.75 Filing Fee & Certificate	#122.50 \$131.25  Filing Fee & Certified Copy & Certificate  Additional Copy Required
FROM:	CAND	Y TRAN Printed or typed)
	/063	Address
	(40	ity, State & Zip 07)-1359-9157 (407) 3- 07)-1359-9157 (407) 3-
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NOTE: Please provide the original and one copy of the articles.

### ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of fo Corporation Act, hereby adopt(s) the following Arti	orming a corporation under the F icles of Incorporation,	Flarida Business
The name of the corporation shall be:	NAME	SSEE FLOR
CANDY'S NAILS	, CORPORAtiON	IDA DA
ARTICLE II PRINT  The principal place of business and mailing address o	NCIPAL OFFICE of this corporation shall be:	

CANDY'S NAILS SAN SEBASTIAN SQUARE TIL 481 N. SR 434, Suite #111 Alfamonte Springs, Fl. 32714

ARTICLE III SHARES

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

ONE. CANDY TRAN to OWN 100% of SHARES OF STOCK - SOLE OWNER

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

CANDY TRAN 1063 PROVIDENCE LANE DuieDo, FloriDA 30765

#### 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):

CANDY TRAN

1063 PROVIDENCE LANG

DVIEdo, Fl. 32765

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

2742 day of July , 19 96.

(An additional article must be added if an effective date is requested.)

Signature

Signature

Signature

## Notarization is not required

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

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.

1. The name of the corporation is:	CANDY'S NAILS C	OR PORA-tion
2. The name and address of the reg	istered agent and office is:	96 TAL
CAN	JOY TRA-N	
/0 6 . (P.O. B	B PROVIDENCE LANE  OX OF Mail Drop Box NOT (CCEPTABLE)	SSEE FLOOR
^	(CITY/STATE/ZIP) 30765	:22 IATE ORIDA

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 acc 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.

X (M) 7-27-96 (DATE)