SH AN	A NA'LI, DVC. equestor's Name	Prince Pr		
1653 Hi	30 ct low (N. Address 927 152 - 8/8/2/2ip Phone #			
	I NAME(S) & DOCUMENT NUM	Office Use Only IBER(S), (if known):		
1	NA NA 168, 2000. (Deporation Name) (Deporation Name)	ocument#)		
2. <u>(Con</u>	rporation Name) (De	Ocument #) 1 (11 H_R_R_2 1 1 (_R_2 1 1 - R_2 1 1 - R_2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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☐ Walk in ☐ Mail out	Pick up time Photocopy			
		Certificate of Status		
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Mail out NEW FILINGS	Will wait Photocopy AMENDMENTS	Certificate of Status		
Mail out NEW FILINGS Profit	Will wait Photocopy AMENDMENTS Amendment	Certificate of Status		
Mail out NEW FILINGS Profit NonProfit	Will wait Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/ Direct	Certificate of Status		
Mail out NEW FILINGS Profit NonProfit Limited Liability	Will wait Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/ Direct Change of Registered Agent	Certificate of Status		
Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other OTHER FILINGS	Will wait Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/ Direct Change of Registered Agent Dissolution/Withdrawal	Certificate of Status		
Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report	Will wait Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/ Direct Change of Registered Agent Dissolution/Withdrawal Merger	Certificate of Status		
Profit NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	Will wait Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/ Direct Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/ QUALIFICATION	Certificate of Status		
Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report	Will wait Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/ Directly of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/ QUALIFICATION Foreign	Certificate of Status		
Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	Will wait Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/ Direct Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/ QUALIFICATION Foreign Limited Partnership	Certificate of Status		

CR2E031(1/95)

Examiner's Initials

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

SHANA NAILS, INC.

ARTICLE II PRINCIPAL OFFICE

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

1053 BOCA COVE LANE

HIGHLAND BEACH, FLORIDA 33487 .

ARTICLE III SHARES

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

ONE HUNDRED (100) SHARES

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

JANE A. BECKER 1053 BOCA COVE LANE HIGHLAND BEACH, FLORIDA 33487

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):

JANE A. BECKER 1053 BOCA COVE LANE HIGHLAND BEACH, FLORIDA 33487

LEONARD R. BECKER 1053 BOCA COVE LANE HIGHLAND BEACH, FLORIDA 33487

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

10 13 day of March . 19 97

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

Jane A. Becker

LEONARD R. BECKER

LEONARD R. BECKER

LEONARD R. BECKER

Signature

Notarization is not required

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 c	orporation is	SHANA	NAILS, I	NC.			
2. The name and add	ires of the regist	टार्च agent :	and office is:				
	JANE A. F	SECKER	(NAME)		_		
	1053 BOO	OX OF Mail D	LANE Prop Box NOT AC	Ceptahle)	_		
	HIGHLAND		FLORIDA Y/STATE/ZIP)	33487	_		
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.							
<u>Jane A</u> Jane A. Becke	BUKU	<u>ا</u>		3/10 (OA)) / 9 7 TR)		