CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

P980000171

Will Pick Up _____

Vail Care Producto Corporation

Signature

Requested by:

Walk-In _____

Name

FILED STATE
SECRETARY OF STATE
STOR OF CORPORATIONS
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	1	Art of Inc. File	
		LTD Partnership File	
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		L.C. File	-
		Fictitious Name File	
		Trade/Service Mark	
		Merger File	-
		Art. of Amend. File	<u>.</u> .
		RA Resignation	
		Dissolution / Withdrawal	
		Annual Report / Reinstatement	
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		Certificate of Good Standing	
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ARTICLES OF INCORPORATION

The undersigned incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I - NAME

The corporation name shall be:

NAIL CARE PRODUCTS CORPORATION

ARTICLE 11 - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 221 Pauls Drive
Brandon, Florida
33511

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jordan Castaline 1603 Spring Lane Brandon, Florida 33510 SECRETARY OF STATE STATE OF CORPORATIONS

ARTICLE V - INCORPORATORS

The names and street adresses of the incorporators to these Articles of Incorporation are:

Jordan Castaline 1603 Spring Lane Brandon, Florida 33510

The undersigned incorporators have executed these Articles of Incorporation this Tuesday February 17, 1998.

JORDAN CASTALINE

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned 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:
2. is:	The name and street address of the registered agent and office 1603 SPRING LANG BRANDON, FI. 33510

HAVE 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.

Kordan Castaline

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