

P98000024536
TRANSMITTAL LETTER

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

SUBJECT: Nail Works of Sunrise, Inc.
(Proposed corporate name - must include suffix)

200002457302--2
-03/13/98--01119--007
****131.25 ****131.25

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Cathy Larson
Name (Printed or typed)

9322 NW 49th Place
Address

Sunrise FL 33351
City, State & Zip

954 741 2585
Daytime Telephone number

Cathy L. GAVE
AUTHORIZATION BY PHONE TO
CORRECT CORP. NAME
DATE 3-16-98
DOC. EXAM QV

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 MAR 13 PM 3:19

FILED

QV 3-16-98

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

NAIL WORKS OF SUNRISE, INC.

ARTICLE II PRINCIPAL OFFICE

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

8448 W. OAKLAND PK. BLVD.
SUNRISE, FL 33351

ARTICLE III SHARES

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

150

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

FREDRIK M. SMITH
9311 NW 49 PL.
SUNRISE FL 33351

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Cathy Larson
9322 NW 49 PL.
SUNRISE FL 33351

Cathy Larson
Signature/Incorporator

3-4-98

Date

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

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]
Signature/Registered Agent

3/4/98
Date

FILED
98 MAR 13 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA