TRANSMITTAL LETTER

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

000002901990--8 -06/11/99--01057--015_ *****87.50 *****87.50

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

\$70.00

□ \$78.75

Filing Fee

Filing Fee

& Certificate of Status

□\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

-4345669 OR 561-7587575

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

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.

DIVISION OF CORPORATIONS
99 JUN OF CORPORATION
99 JUN 11 PM 3: 07

ARTICLE	I	NAME
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The name of the corporation shall be:

U-NEEK NAILS INC.

ARTICLE II	PRINCIPAL OFFICE
The principal place	of business and mailing address of this corporation shall be:
8025 NORTH	KIMBERLY BLVD LAUDERDALE FL 33068
ADMINI IN TIT	

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

10

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:
MOVELETTE SHAKES
5697 WINGHAM WAY
LAKE WORTH FL 133463
ARTICLE V INCORPORATOR
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:
MOVELETTE SHAKES
LAKE WORTH FL 33463
LAKE WORTH FL 33463
Moulette Shar 6/7/99
Signature/Incorporator Daye

(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/Registered Agent

Date