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H&B NAIL SUPPLY, INC.

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

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	(ггорозеа согрог	ate name - must include sur	SECORETAINS OF FILED	
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 of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: LEOKADIA BOREK Name (Printed or typed) 21655 STATE RD 7				
Address				
	BOYA RATON, City, S (561) 477-0	FL, 33 State & Zip	428	

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.

The name of the corporation shall be: ### B NAIL SUPPLY, INC. 36 THE NAME THE NAME THE PROPERTY OF THE PRO
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 21655 STATE RD 7 BOCA RATON, FL. 33428
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: LEOKA DIA BORETC 23249 BARWOOD LU, # 307 BOXA RATON, E. 33428
ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are: LEOKADIA BOKEK 73249 BARWOOD LN. # 307 BEATA HOZARSKA BOCA RATOK, FZ 33428 HOLLY WOOD, FL. 3302/
Jeokudio Signature/Incorporator 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/Registered Agent

Date