

P25000001156

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : 120000000019  
Phone : (305)552-5973  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
ND BEAUTY & NAILS CORP**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 03      |
| Estimated Charge      | \$78.75 |

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TALLAHASSEE, FL

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:ND Beauty & Nails Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

8401 SW 107 AVE Apt 311 E  
Miami FL 33173**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**ANELIA Milayda BALADARES - P.  
Diana Rosa Cabrera Blanco -  
(VP)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

ANELIA Milayda BALADARES  
8401 SW 107 AVE Apt 311 E  
Miami FL 33173**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:ANELIA Milayda BALADARES  
8401 SW 107 AVE Apt 311 E  
Miami FL 33173

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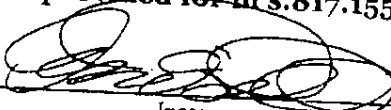
EIN: 33-2724225

**Required Signatures:**

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Registered Agent\_\_\_\_\_  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
\_\_\_\_\_  
Incorporator\_\_\_\_\_  
Date

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