

1/16/2011 11:24 AM

Division of Corporations

P25000003448

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H25000019273 3)))



H250000192733ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : HISPANO TAX SERVICE
Account Number : I20240000088
Phone : (786)218-2581
Fax Number : (805)200-3644

954-762-1266 -Phone
954-775-2892 -FAX
954-532-1564

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: VICKYR@HISPANO-TAXSERVICE.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION
NAIL CENTER & BEAUTY CORP**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

RECEIVED

2025 JAN 16 PM 12:08

2025 JAN 16 AM 7:33

Electronic Filing Menu

Corporate Filing Menu

Help

4250000192733

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: NAIL CENTER & BEAUTY CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
3508 NW 114TH AVE
DORAL, FL 33178

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: OUR CORPORATION SERVES AS A LEADING PROVIDER
IN THE SALES, PROMOTION, IMPORT & EXPORT, AND COMMERCIALIZATION OF BEAUTY PRODUCTS.
PROVIDE AND CONDUCTING TRAINING PROGRAMS RELATED TO THE BEAUTY INDUSTRY

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROCIO DEL CARMEN LOPEZ/ PRESIDENT

Name and Title: _____

Address 3508 NW 114TH AVE
DORAL FL 33178

Address: _____

Name and Title: N/A

Name and Title: _____

Address _____

Address: _____

Name and Title: N/A

Name and Title: _____

Address _____

Address: _____

2025 JUN 16 AM 7:33

FILED

H250000192733

Name and Title: N/A Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: HISPANO TAX SERVICE GROUP LLC
Address: 6635 W COMMERCIAL BLVD SUITE 210
TAMARAC FL 33319

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ROCIO DEL CARMEN LOPEZ
Address: 3508 NW 114TH AVE
DORAL FL 33178

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/15/2025 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Required Signature/Registered Agent Date 01/15/2025

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.

Required Signature/Incorporator Date 01/15/2025

16
11
7:37