

Florida Department of State

P25000003487
 Division of Corporations
 Electronic Filing Cover Sheet

411
 1.21.25

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To:

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

From:

Account Name : ULLOA & COMPANY PROFESSIONAL ASSOCIATION
 Account Number : I20190000086
 Phone : (305)275-1300
 Fax Number : (305)275-1301

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

Email Address: nailightinc@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Nailight Therapy Inc

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

RECEIVED

2025 JAN 17 PM 3:35

SECRETARY OF STATE
 TALLAHASSEE, FL

25 JAN 17 AM 7:38

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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: **Nailight Therapy Inc**

ARTICLE II PRINCIPAL OFFICE

Principal **street** address is: **3000 Coral Way, Apt 911**
MIAMI, FL 33145

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nairi Otalora, President

Address: 3000 Coral Way, Apt 911, Miami FL 33145

ARTICLE VI REGISTERED AGENT

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

Nairi Otalora

3000 Coral Way, Apt 911, Miami FL 33145

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is

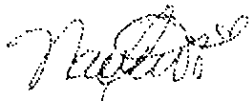
Ulloa and Company Professional Association

14050 SW 84 Street, Suite 104, Miami, FL 33183

ARTICLE VIII EFFECTIVE DATE

Effective date, if other than the date of filing: 01/17/2025

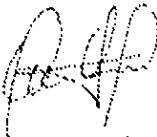
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Required Signature/ Registered Agent

01/17/2025

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

01/17/2025

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CORPORATION