

F A D O O O O O 4 7 1 7

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

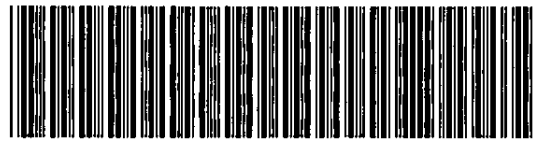
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PARAMOUNT Beauty Distributing Associates Inc
Name of corporation - must include suffix
Alternate Corporate name PARAMOUNT South Beauty Inc.

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Susan Nicoletti
Name of Person

PARAMOUNT Beauty Distributing Associates Inc.
Firm/Company

41 Mercedes Way Unit 34
Address

Edgewood, New York 11717
City/State and Zip code

Susan @ paramountbeauty.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Nicoletti at (631) 252 3692
Name of Person Area Code & Daytime Telephone Number

631 242 3737 ext 924

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. PARAMOUNT Beauty Distributing Associates Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

PARAMOUNT South Beauty Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York 3. 11-2204689
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/10/1969 5. _____
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 41 Mercedes Way Unit 34 Edgewood, NY 11717
(Principal office address)

41 Mercedes Way Unit 34 Edgewood, N.Y. 11717
(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Alan Hagler

Office Address: 7300 Sacramento Place

Delray Beach, Florida 33446
(City) (Zip code)

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DEPARTMENT OF STATE

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Alan Hagler
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Alan Hagler
Address: 7300 Sacramento Place, Delray Beach, Florida
33446

Vice Chairman: _____
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

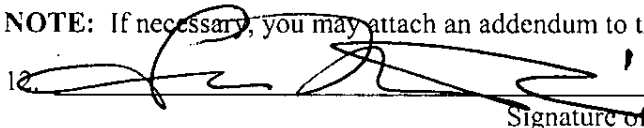
President: EVAN Feingold
Address: 41 Mercedes Way Unit 34
Edgewood, NY 11717

Vice President: Susan Nicoletti Fran Reiss
Address: 41 Mercedes way Unit 34 41 Mercedes Way Unit 34
Edgewood, NY 11717 Edgewood, NY 11717

Chief Executive Officer: Jeffrey Hagler
Secretary: _____
Address: 41 Mercedes Way Unit 34, Edgewood, NY 11717

Treasurer: _____
Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Susan Nicoletti, Vice President
(Typed or printed name and capacity of person signing application)

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STATE OF FLORIDA

State of New York } ss:
Department of State

I hereby certify, that the Certificate of Incorporation of PARAMOUNT BEAUTY DISTRIBUTING ASSOCIATES, INC. was filed on 12/10/1969, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



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SECRETARY OF STATE
ALBANY, N.Y.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 08th day of October two thousand and fourteen.

Anthony Scardino

Executive Deputy Secretary of State