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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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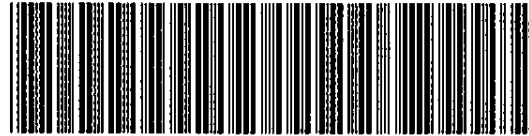
(Business Entity Name)

(Document Number)

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11 JUL 22 AM 12:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
JUL 25 2011  
EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KERATIN LABS ENTERPRISES, LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

LLOYD HOWARD  
Name of Person

KERATIN COMPLEX  
Firm/Company

7700 CONGRESS AVE. STE 2001  
Address

BOCA RATON, FL. 33487  
City/State and Zip Code

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

For further information concerning this matter, please call:

LLOYD HOWARD at ( 561 ) 206-6050  
Name of Person Area Code & Daytime Telephone Number

**MAILING ADDRESS:**  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANACT BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANACT BUSINESS IN THE STATE OF FLORIDA:

1. KERATID LABS ENTERPRISES, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized)  
3. 32-0346902 (FEI number, if applicable)

4. 6-20-2011 (Date of Organization)  
5. PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual")

6. N/A (Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 101 BRINY AVE. #1404  
POMPAHO BEACH, FL. 33062  
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here

9. The name and usual business addresses of the managing members or managers are as follows:

- LAWRENCE SCHOMAN 7700 CONGRESS AVE. #2201 BOCA RATON, FL. 33487
- MELVYN G. HOWARD 7700 CONGRESS AVE. #2201 BOCA RATON, FL. 33487
- SHELLY BLOOM 7700 CONGRESS AVE. #2201 BOCA RATON, FL. 33487

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: HAIR CARE PRODUCTS

Melwyn G. Howard

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

MELVYN G. HOWARD

Typed or printed name of signee

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11 JUL 22 AM 12:20  
STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

KERATIN LABS ENTERPRISES, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

LLOYD HOWARD

(Name)

7700 CONGRESS AVE. STE 2201 BOCA RATON, FL 33487

Florida Street Address (P.O. Box NOT ACCEPTABLE)

FL

City/State/Zip

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TALLAHASSEE, FLORIDA

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*Having been named as registered agent and to accept service of process for the above stated limited liability company 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 as provided for in Chapter 608, Florida Statutes.*

Lloyd Howard

(Signature)

\$ 100.00 Filing Fee for Application  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (optional)  
\$ 5.00 Certificate of Status (optional)

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "KERATIN LABS ENTERPRISES, LLC", FILED IN THIS OFFICE ON THE TWENTIETH DAY OF JUNE, A.D. 2011, AT 6:23 O'CLOCK P.M.

FILED

11 JUL 22 AM 12:20


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 8851003

DATE: 06-21-11

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 06:54 PM 06/20/2011  
FILED 06:23 PM 06/20/2011  
SRV 110742281 - 4999519 FILE

LI # 32-0346902

CERTIFICATE OF FORMATION  
OF  
KERATIN LABS ENTERPRISES, LLC

This Certificate of Formation is being executed by the undersigned for the purpose of forming a limited liability company pursuant to the Delaware Limited Liability Company Act.

1. The name of the limited liability company is Keratin Labs Enterprises, LLC.
2. The address of the registered office of the limited liability company in the State of Delaware is Corporation Trust Center, 1209 Orange Street, in the City of Wilmington, County of New Castle. The name of the registered agent of the limited liability company is The Corporation Trust Company.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation on this June 20, 2011.

  
Beverly J. Schneider, Authorized Person

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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