## FOCOCOCO 323 TRANSMITTAL LETTER

To: Qualification/Tax Lien Section Division of Corporations	
SUBJECT: International Body (Name of corporation -	Sulting, Inanhorated
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Au "Certificate of Existence", and check are submitted to regit to transact business in Florida.	thorization to Transact Business in Florida", ster the above referenced foreign corporation
Please return all correspondence concerning this matter to  **Putrial Hadad** (Name of Per	ALLO
International Body (Firm/Compa	Blud #107 8
(Address)	D100 410 10 10
Hauardalo, F/ 3 (City/State/Z	33009
Should you need to call someone concerning this matter, pl	まままま70 フロー まままま70 フロー
Patrial Hadad at (954) (Name of Person) (Area Code	455-2105 e & Daytime Telephone Number)
STREET ADDRESS: M.	AILING ADDRESS:
Division of Corporations  409 E. Gaines St.  P.O.	talification/Tax Lien Section vision of Corporations D. Box 6327 Ilahassee, FL 32314

☐ \$78.75 Filing Fee &

Certified Copy

□ \$87.50 Filing Fee,

Certified Copy

Certificate of Status &

Enclosed is a check for the following amount:

\$78.75 Filing Fee &

Certificate of Status

☐ \$70.00 Filing Fee

## 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. <u>International Body Sulpting In appropriate</u> (Name of corporation; must include the word INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Lelaung Subakator 3. N/A (State or country under the law of which it is incorporated)  (FEI number, if applicable)
(Date of incorporation)  (Duration: Year corp. will cease to exist or "perpetual")
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501. 607.1502 and 817.155, F.S.)
4auardale, 71 33009 =================================
8. Dessonal training Sithess hubitim
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: Patrice Paldias Hadad
Office Address: 304 Three Ts/ands Blud #107  Tallardale, Florida, 33009 (Zip code)
10. 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.  (Registered agent's signature)
11. 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

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

which it is incorporated.

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)	
Chairman: NA	
Address:	
Vice Chairman: NA	
Address:	
Director: Enile Thom Hagad	
Address: 204 Three Islands Blud #107	
Hallandalo A 3300a	
Director: Patrice Paldino Hagad	
Address: 204 Three Islands Blud #107	
Hallandale, 47 33009	TAG 8
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	
President: Emill Thum Hadad	
Address: 304 Three Islands Blud # 107	Pag 2 H
Hauardare F1 33009	75 <b>9</b>
Vice President: Patrice Palding Hadad	ुत
Address: 304 Three Islands Blud #107	
Hallandale, F1 33009	
Secretary: Patrice Paldino Hadad	
Address: Same as above	
Treasurer: Emile Thom Hadad	
Address: Same as along	
	······································
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or	
3	directors.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the app	plication)
4. Emile Thom Hadad President	
(Typed or printed name and capacity of person signing application)	· · · · · · · · · · · · · · · · · · ·

## State of Delaware

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## Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "INTERNATIONAL BODY SCULPTING

INCORPORATED" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE

OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE

THIRD DAY OF JULY, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES
HAVE NOT BEEN ASSESSED TO DATE.

PILED

00 JUL 27 M 9 18

SECRETARY OF STATE

NATION SAFE 19 GROW

Edward J. Freel, Secretary of State

AUTHENTICATION:

0536438

DATE:

07-03-00

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