

FOI 0000002742

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TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VALENTINO SALONS INTERNATIONAL, INC.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", 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:

LORI M. WHITLOCK  
(Name of Person)  
DELAWARE BUSINESS INCORPORATORS, INC.  
(Firm/Company)  
3422 OLD CAPITOL TRAIL, SUITE 700  
(Address)  
WILMINGTON, DE 19808  
(City/State and Zip code)

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For further information concerning this matter, please call:

Lori M. Whitlock at ( 302 ) 996 5819  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**  
Registration 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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 MAY 18 PM 8:03

FILED

mtw  
5/22

**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. VALENTINO SALONS INTERNATIONAL, INC.  
(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. DELAWARE 3. X 52-2295731  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. FEBRUARY 6, 2001 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON AUTHORIZATION  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 1313 EDMONDSON ROAD  
(Principal office address)  
NOKOMIS, FL 34275  
(Current mailing address)
8. BEAUTY SALON  
(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: PATRICK M. WEST  
Office Address: 1313 EDMONDSON ROAD  
NOKOMIS, FL 34275  
(City) (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.*

X Patrick M. West  
(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 which it is incorporated.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

X Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Patrick West

X Address: 1313 Edmondson Rd.

Nokomis, FL 34275

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: Patrick West

X Address: 1313 Edmondson Rd.

Nokomis, FL 34275

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Leslie Baker

X Address: 1313 Edmondson Rd., Nokomis, FL 34275

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13. X Patrick M. West  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. X Patrick M. West, X President  
(Typed or printed name and capacity of person signing application)

*State of Delaware*  
*Office of the Secretary of State*

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VALENTINO SALONS INTERNATIONAL, INC." 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 FIFTEENTH DAY OF MAY, A.D. 2001.

FILED  
01 MAY 18 PM 8:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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*Harriet Smith Windsor*  
*Harriet Smith Windsor, Secretary of State*  
AUTHENTICATION: 1134131

DATE: 05-15-01