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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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SECALIAN CHISTATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: SABY SPA, Inc. (Name of corporation - must include suffix) |
| (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: |
| Enc 3. Altsuhul (Name of Person) Baby Spa, Inc. (Firm/Company) SYO NW 77 5 54. (Address) Boca Rate FC 33487 (City/State and Zip code) |
| (Name of Person) |
| Baby Son Fac. |
| (Firm/Company) |
| 540 NW 77 56. |
| (Address) |
| Bock Ration FC 33487 |
| (City/State and Zip code) |
| |
| For further information concerning this matter, please call: |
| (Name of Person) at (56() 995. 4830 24 (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: |
| |

*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.

| (Name of corporation; must include the word INCORPORATE | 3 |
|--|---|
| (Name of corporation; must include the word "INCORPORATE words or abbreviations of like import in language as will clearly natural person or partnership if not so contained in the name at p | indicate that it is a corporation instead of a |
| . Delawae, USA (State or country under the law of which it is incorporated) . 3 200 ((Date of incorporation) 5. | |
| (State or country under the law of which it is incorporated) | (FEI number, if applicable) |
| . 3 200 (5. | perpetral 35 5 |
| (Date of incorporation) | (Duration: Year corp. will cease to exist or "perpetual") |
| (Date first transacted business in Florida. If corporation has not | |
| (Date first transacted business in Florida. If corporation has not (SEE SECTIONS 607.1501, | transacted business in Florida, insert "upon qualification.") 607.1502 and 817.155, F.S.) |
| 540 NW. 77 5 5t. Boca K | tin EL 33487 |
| (Principal office addr | ess) |
| 540 NW. 77 5 5 f. Boc. R (Principal office addr SAME (Current mailing addr | |
| (Current mailing addr | ess) |
| | |
| (Purpose(s) of corporation authorized in home state or con | Sales |
| (Purpose(s) of corporation authorized in home state or cou | untry to be carried out in state of Florida) |
| Name and street address of Florida registered agent: | (P.O. Box or Mail Drop Box NOT acceptable) |
| Name: Ere Altschul | |
| ffice Address: 540 NW 77 12 St. | |
| Boga Roten Res (City) | , Florida <u>33497</u> |
| (City) | (Zip code) |
|). Registered agent's acceptance: aving been named as registered agent and to accept services as ignated in this application, I hereby accept the appointm wither agree to comply with the provisions of all statutes reactives, and I am familiar with and accept the obligations of | nent as registered agent and agree to act in this capacity. Plative to the proper and complete performance of my |
| | |

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.

(Registered agent's signature)

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

| A. DIRECTORS |
|---|
| Chairman: Lawrence O. Altschol |
| Address: 540 NW 77 54. |
| Boca Raton, FC 33487 25 |
| Vice Chairman: |
| Address: |
| |
| Director: Enc Altsolu (|
| Address: 540 Nw. 774 St. |
| Baca R-ten FC 33487 |
| Director: |
| Address: |
| |
| B. OFFICERS |
| President: Errc Altschul |
| Address: 540 NW 774 St. |
| Bon Rober FL 33487 |
| Vice President: |
| Address: |
| |
| Secretary: Erra Altsalmal |
| Address: (Same as alone) |
| Treasurer: |
| Address: |
| |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. |
| 13. |
| (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) |
| 14. Eric Altschol, President (Typed or printed name and capacity of person signing application) |
| (x yped of printed name and capacity of person signing application) |

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BABY SPA, 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 SECOND DAY OF DECEMBER, A.D. 2002.



Darriet Smith Hindson Harriet Smith Windsor, Secretary of State

3367776 8300 AUTHENTICATION: 2119191

DATE: 12-02-02 020737952