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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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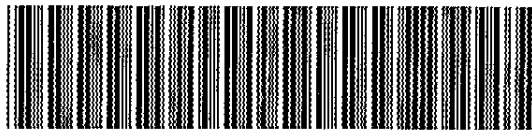
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2003 JUN -6 AM 9:11
CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN JUN 11 2003

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DELTENNIUM CORPORATION
(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:

JEAN FOLUNO, CFO / PRESIDENT
(Name of Person)

DELTENNIUM CORPORATION, INC
(Firm/Company)

10101 SW BARBARA BLVD # 205
(Address)

PORTLAND, OR 97219
(City/State and Zip code)

For further information concerning this matter, please call:

SAN BEYER at (503) 768-3900
(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

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2003 JUN 16 AM 9:11
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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.

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DEPARTMENT OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DELTENNIUM CORPORATION
(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
(State or country under the law of which it is incorporated)
3. 93-1256089
(FEI number, if applicable)
4. 10/26/98
(Date of incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION
(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. 1701 N. FEDERAL HWY, BOCA RATON, FL 33432
(Principal office address)
10101 S W PARKWAY BLVD APT 205, PORTLAND, OR. 97219
(Current mailing address)

8. FRANCHISE OPERATIONS + SALONS / HAIR SALONS
(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)

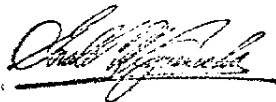
Name: GM CZARNECKI

Office Address: 1701 N. FEDERAL HWY

BOCA RATON, Florida 33432
(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.



(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.

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

A. DIRECTORS

Chairman: G M CZARNICKI

Address: 292 PAN PALM ROAD
BOCA RATON, FL 33432

Vice Chairman: JEAN FOLUON

Address: 10101 SW PARKWAY BLVD #205
PORTLAND OR 97219

Director: _____

Address: _____

Director: _____

Address: _____

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CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

B. OFFICERS

President: G M CZARNICKI

Address: (same as above)

Vice President: _____

Address: _____

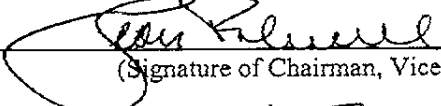
Secretary: _____

Address: _____

Treasurer: JEAN FOLUON

Address: (same as above)

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. JEAN FOLUON
(Typed or printed name and capacity of person signing application)

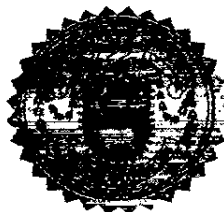
Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DELTENNIUM CORPORATION" 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 FIFTH DAY OF MAY, A.D. 2003.

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2003 JUN -6 AM 9:11
JULIUS H. CORPORATION'S
TALLAHASSEE, FLORIDA



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

2959399 8300

AUTHENTICATION: 2398869

030262445

DATE: 05-05-03