## F0400000390/

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## TRANSMITTAL LETTER

FILED

				2004 JUL -2 P 12: 44	
TO:	Registration Sec			SECOND C P IX: 4	
	Division of Corp	Orations		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
SUBJ	IECT:		SALE BEAUTY CORP.	THOUSE, FLORIDA	
	<b>7</b>	(Name of corpor	ation - must include suffix)		
Dear S	Sir or Madam:				
"Certi		," and check are submitted	for Authorization to Transact to register the above reference		
Please	return all corresp	ondence concerning this ma	tter to the following:		
Luis I	R. Santos		, , ,		
·		(Name	e of Person)		
R.E.	C. WHOLESALE	BEAUTY CORP.			
		(Firm	(Company)		
4912	Bergenline Ave.				
		(A	ddress)		
West	New York NJ 070	93			
		(City/Sta	ate and Zip code)		
For fu	rther information of	concerning this matter, pleas	se call:	•	
t 17	l Conton	20	1 522-44 <b>%</b> 8 (522-	uuca)	
LUIS IT	l. Santos (Name of Perso	at (at (	ea Code & Daytime Telepho		
	(Name of 1 ciso	ii) (Ali	ca code & Daytime Telepho	ne rumber)	
	STREET ADD	RESS:	MAILING AD	DRESS:	
Registration Section			Registration Se		
	Division of Corp		Division of Cor	rporations	
409 E. Gaines St. Tallahassee, FL 32399			P.O. Box 6327 Tallahassee, FL 32314		
	rananassee, r L	32399	Tananassee, FL	5 32314	
Enclos	sed is a check for t	he following amount:		<i>;</i>	
<b>(1)</b> \$70	0.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy	

## TRANSMITTAL LETTER

FILED

TO:	Registration Section Division of Corporations			2004 JUL -2 P 12: 44
SUBJ	ECT:	R. E. C. WHO	LESALE BEAUTY CORP.	SECRETARY OF STATE
		(Name of corpo	oration - must include suffix	)
Dear S	ir or Madam:			
"Certif				
Please	return all correspondence	concerning this m	natter to the following:	
Luis R	R. Santos			
		(Nar	ne of Person)	
R. E . (	C. WHOLESALE BEAUTY	CORP.		· · · · · · · · · · · · · · · · · · ·
		(Firm	n/Company)	
4912 E	Bergenline Ave.	R. E. C. WHOLESALE BEAUTY CORP.  R. E. C. WHOLESALE BEAUTY CORP.  (Name of corporation - must include suffix)  m:  pplication by Foreign Corporation for Authorization to Transact Business in Florida," istence," and check are submitted to register the above referenced foreign corporation to in Florida.  (Name of Person)  (SALE BEAUTY CORP.  (Firm/Company)  Ave.  (Address)  JJ 07093  (City/State and Zip code)  ation concerning this matter, please call:  at (201 ) 522-4448 (522 - 4448)  (Area Code & Daytime Telephone Number)  ADDRESS:  on Section  of Corporations ines St.  p. O. Box 6327  Tallahassee, FL 32314  k for the following amount:		
West N	lew York NJ 07093			
<del></del>		(City/S	tate and Zip code)	
		R. E. C. WHOLESALE BEAUTY CORP.  R. E. C. WHOLESALE BEAUTY CORP.  (Name of corporation - must include suffix)  Attion by Foreign Corporation for Authorization to Transact Business in Florida," cee," and check are submitted to register the above referenced foreign corporation to orida.  (Name of Person)  (Name of Person)  (Rirm/Company)  (Address)  (Address)  (City/State and Zip code)  (Area Code & Daytime Telephone Number)		
For fur	ther information concerning	g this matter, ple	ase call:	
uis R.	Santos	at ( <u>2</u>	SECRETARY OF STATE Of corporation - must include suffix)  poration for Authorization to Transact Business in Florida," ubmitted to register the above referenced foreign corporation to  g this matter to the following:  (Name of Person)  (Firm/Company)  (Address)  (City/State and Zip code)  tter, please call:  at (201 ) 522-4448 (522 - 4448)  (Area Code & Daytime Telephone Number)  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  ant:  Fee & 378.75 Filing Fee & 387.50 Filing Fee, Status Certified Copy Certificate of Status &	
	(Name of Person)	R. E. C. WHOLESALE BEAUTY CORP.  (Name of corporation - must include suffix)  Foreign Corporation for Authorization to Transact Business in Florida," defects are submitted to register the above referenced foreign corporation to the concerning this matter to the following:  (Name of Person)  (Name of Person)  (Firm/Company)  (Address)  (City/State and Zip code)  ming this matter, please call:  at (201 ) 522-4448 (522 - 4448)  (Area Code & Daytime Telephone Number)   **MAILING ADDRESS:** Registration Section** Division of Corporations** P.O. Box 6327  Tallahassee, FL 32314  lowing amount:  78.75 Filing Fee & 378.75 Filing Fee & 587.50 Filing Fee, Certificate of Status & C		
	STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399		Registration S Division of C P.O. Box 632	Section Corporations 27
- <b>1</b>		•	i ananasco, i	1 D JAJ 17
Enclose	ed is a check for the follow	ing amount:		•
J \$70.				Certificate of Status &

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA** FILED

	R. E. C. WHOLESALE	TATUTES, THE FOLLOWING IS SUBMITTED TO BUSINESS IN THE STATE OF FLORIDA.  [[[]]] JUL -2 P [2: 44]  BEAUTY CORP.
Enter name of conc." "Co" "Co"	orporation; must include "INCORPORATED; lorp," "Inc," "Co," or "Corp.")	BEAUTY CORP. ""COMPANY," "CORPORATION, FARY OF STATE TALLAHASSEE, FLORIDA
,, -		,,,
If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)
New Jersey	3.	22-3808650
State or country	under the law of which it is incorporated)	(FEI number, if applicable)
12/05/2003	5.	Perpetual
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
		n Florida, if prior to registration)
	`	502, F.S., to determine penalty liability)
4912 Bergenli	ne Ave. Suite # 2 West New York NJ 070	- · · · · · · · · · · · · · · · · · · ·
	(Principal office add	
4912 Bergen	ine Ave. Suite # 2 West New York NJ 07 (Current mailing add	
	(Curem maning add	1655)
Beauty Parlor	Equipment Supplies and Sales.	<u> </u>
	s) of corporation authorized in home state or co	ountry to be carried out in state of Florida)
Name and stree	et address of Florida registered agent: (P.C	). Box NOT acceptable)
Name:	Luis R. Santos	<del></del>
	11501 Columbia Park Dr. West Suite	# 205
ice Address:	Jacksonville	, Florida 32258
ice Address:	Odokoon viii C	

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:

RECTORS  Luis R. Santos	FILED
421 51st Street West New York NJ 07093	7004 JUL -2 P 12: 44
nairman: Elvis Rodriguez	SECRETARY OF STATE TALLAHASSEE, FLORIDA
2070 Creston Ave. Apt. 2 Bronx NY 10453	
ri	
3:	
r:	
FICERS  nt: Luis R. Santos	
221 51st Street West New York NJ 07093	
esident: Elvis Rodriguez 2070 Creston Ave. Apt. 2 Bronx NY 10453	•
у:	
;;	
er:	
: If necessary, you may attach an addendura to the application listing ad	ditional officers and/or directors.
(Signature of Director or Officer listed in number 12 of t Luis R. Santos (President)	he application)
(Typed or printed name and capacity of person signing	application)



