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Special Instructions to	o Filing O	fficer:	
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#### TRANSMITTAL LETTER

TO:	Registration S Division of Co				
SUBJ	ECT:	ADAG	IO, INCO	RPORATED	
2020		(Name of co	orporation	- must include suffix	)
Dear S	ir or Madam:				
"Certif					nct Business in Florida," nced foreign corporation to
Please	return all corres	spondence concerning thi	s matter to	o the following:	
			ss. LaTonj		
		()	Name of P	erson)	
	_ <del>-</del>	ADAG	O, INCOF	RPORATED	
		()	Firm/Com	pany)	t
		221 NORTH H	IOGAN S	TREET, SUITE 120	
			(Addres	ss)	
		JACKSON	VILLE, F	LORIDA 32202	<u> </u>
		(Cit	y/State an	d Zip code)	
For fur	ther information	n concerning this matter,	please cal	l:	
Miss. L	aTonja Fant	_ at (	904	955-0370/email:ssa	adagio2@yahoo.cor
	(Name of Pers		(Area Co	de & Daytime Teleph	one 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		
Enclose	ed is a check for	the following amount:			
□ \$70.	.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of State		678.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 21, 2004

LATONJA FANT ADAGIO SALON & SPA, INCORPORATED 11909 MOURNING DOVE LANE CHARLOTTE, NC 28269

SUBJECT: ADAGIO SALON & SPA, INCORPORATED (JACKSONVILLE)

Ref. Number: W04000038840

We have received your document for ADAGIO SALON & SPA INCORPORATED (JACKSONVILLE) and your check(s) totaling \$87.50 However, the enclosed document has not been filed and is being returned for the following correction(s):

The Name on the application in line 1 must be the same name as on the certificate.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing Document Specialist

Letter Number: 504A00060657

Division of Communitions DO DOV 6997 Wellshooms Florida 99914

### 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.		ADAGIO, INCORPORATED						
		corporation; must include "INCORPORAT	ED,"	'COMPANY," "CORPORATION,"				
	"Inc.," "Co.," "C	Corp," "Inc," "Co," or "Corp.")						
		ADAGIO SALON & SPA, INCORPORATED (JACKSONVILLE)						
	(If name unavai	lable in Florida, enter alternate corporate na	me ad	opted for the purpose of transacting busi	ness i	in Florida)		
2.	NC	ORTH CAROLINA	3.	56-2195529				
	(State or country	under the law of which it is incorporated)		56-2195529 (FEI number, if applicable	)			
4.		JLY 10, 2000						
	(Date	e of incorporation)	(1	N/A Duration: Year corp. will cease to exist of	or "pe	erpetual")		
6.		N/	A					
•		(Date first transacted busine	ss in F	lorida, if prior to registration)				
		(SEE SECTIONS 607.1501 & 60	7.1502	, F.S., to determine penalty liability)				
7		140 WEST MONROE STREET, SUITI	JACKSONVILLE, FLORIDA 32202					
		(Principal office address)						
		221 NORTH HOGAN STREET, SUITE	120,	JACKSONVILLE, FLORIDA 32202		1.1		
		(Current mailing	addres	s)		1		
					٠	ر. ح		
8.		EXPANDING BU						
	(Purpose(s	s) of corporation authorized in home state o	r coun	try to be carried out in state of Florida)		<del></del>		
9.	Name and stree	et address of Florida registered agent: (	P.O. E	Box NOT acceptable)	,	7		
	Name:	Miss. LaTonja Fant		_				
Of	fice Address:	221 NORTH HOGAN STREET, SUIT	E 120	<u>)                                    </u>				
		JACKSONVILLE		, Florida 32202				
		(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 the control of the

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: Miss. LaTonja Fant		
Address: 221 NORTH HOGAN STREET, SL	JITE 120	
JACKSONVILLE, FLORIDA 32202	·	
Vice Chairman: N/A		
Address:		
Director: N/A		
Address:		
Director: N/A		
Address:		<b>~!</b>
B. OFFICERS		<b>(</b> *
President: Miss. LaTonja Fant		
Address: 221 NORTH HOGAN STREET, SU	JITE 120	
JACKSONVILLE, FLORIDA 32202	}	<del></del>
Vice President: N/A		
Address:		
Secretary: Mrs. Patsye Drew, CPA		
Address: 808 GEHRING DRIVE, KERNERS	WILLE, NC 27284	
Treasurer: N/A		
Address:		
NOTE: If necessary, you may attach an add	dendum to the application listing additional	officers and/or directors.
(Signature of Director	r or Officer listed in number 2 of the appli	ication)
14. Latonia	tant	4
(1 yped or printed na	ame and capacity of person signing applica	uton)



## NORTH CAROLINA Department of The Secretary of State

#### CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

#### ADAGIO, INCORPORATED

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 10th day of July, 2000, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 1st day of December, 2004

Secretary of State

Claire J. Marshall