405/12/000633/

(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: WOS H3 LAL

Office Use Only



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09/12/05--01043--018 **87,50



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

September 20, 2005

DR. MAUREEN BICKERSTETH 1010 STROUD COURT CHARLEVOIX, MI 49720

SUBJECT: SALON NOVA, INC. Ref. Number: W05000043686

We have received your document for SALON NOVA, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence, which usually consists of a single sheet of paper and clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence from the same office that provided you with the certified copy.

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) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 105A00057704

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\$87.50 Filing Fee, Certificate of Status & Certified Copy

TD A NS	MITTAL LETTER
I KANS.	SECRETARY OF STATE
TO: Registration Section Division of Corporations	TALLAHASSEE, FLORIDA
SUBJECT: SALON NO	VA JNC. corporation - must include suffix)
(Name of	corporation - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corpor "Certificate of Existence," and check are sub- transact business in Florida.	ration for Authorization to Transact Business in Florida," nitted to register the above referenced foreign corporation to
Please return all correspondence concerning the	his matter to the following:
	BICKERSTETH
MAUREEN GA	(Name of Person) LISTERER CONSULTING
	(Firm/Company) D COURT
\circ	(Address) M1 49720 ity/State and Zip code)
(C	ity/State and Zip code)
For further information concerning this matter	, please call:
(HOMAS BICKERSTETH,	231, 437-026) (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section
409 E. Gaines St.	Division of Corporations P.O. Box 6327
Tallahassee, FL 32399	Tallahassee, FL 32314
Enclosed is a check for the following amount:	

□ \$78.75 Filing Fee & Certified Copy

☐ \$78.75 Filing Fee & Certificate of Status

□ \$70.00 Filing Fee

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO 2005 OCT 31 PM 1: 40 BUSINESS IN FLORIDA

nter name of corns	NOVE NCORPORA	TED." '	"COMPANY," "CORPORATION,"
c.," "Co.," "Corp,	" "Inc," "Co," or "Corp.")	, ,	
f name unavailable	in Florida, enter alternate comorate	name ad	lopted for the purpose of transacting business in Florida)
Δ1		name aa	opica for the purpose of transacting dusiness in Floriday
tate or country und	er the law of which it is incorporated	<u> </u>	(FEI number, if applicable)
MAX	5 2005	_	Property and
(Date of i	ncorporation)	_ 5	Duration: Year corp. will cease to exist or "perpetual")
(= 4.1 2 - 2 - 2	·Y	`	, ,
			_
	(Date first transacted busing	ness in F	Florida, if prior to registration)
			Florida, if prior to registration) 2, F.S., to determine penalty liability)
		607.1502	2, F.S., to determine penalty liability)
1010	(SEE SECTIONS 607.1501 & COUNTY OF C	607.1502 ce addres	2, F.S., to determine penalty liability) SS) CHARLEVOX MI HO
1010	(SEE SECTIONS 607.1501 & (Principal office	607.1502 ce addres	2, F.S., to determine penalty liability) SS) CHARLEVOX MI HO
1010 . Bc.	(SEE SECTIONS 607.1501 & COUNTY OF C	607.1502 ce addres	2, F.S., to determine penalty liability) SS) CHARLEVOX MI HO
1010.	(SEE SECTIONS 607.1501 & 6 (Principal office Court Courtent mailing) (Outrent Mailing)	se addres	2, F.S., to determine penalty liability) SS) CHARLEVOX MI Hoss)
• • •	(SEE SECTIONS 607.1501 & 6 (Principal office County Current mailing) (Current mailing) (Current mailing) (Current mailing)	ce addres	2, F.S., to determine penalty liability) SS) CHARLEYO(X, M, House) SS) Intry to be carried out in state of Florida)
,	(SEE SECTIONS 607.1501 & 6 (Principal office Court Courtent mailing) (Outrent Mailing)	ce addres	2, F.S., to determine penalty liability) SS) CHARLEYO(X, M, House) SS) Intry to be carried out in state of Florida)
,	(SEE SECTIONS 607.1501 & 6 (Principal office County Current mailing) (Current mailing) (Current mailing) (Current mailing)	ce addres	2, F.S., to determine penalty liability) SS) CHARLEYO(X, M, House) SS) Intry to be carried out in state of Florida)
ame and <u>street ad</u>	(SEE SECTIONS 607.1501 & 6 (Principal office STROUD COUNTY Current mailing) (Current mailing)	e addres PRT g addres c or coun (P.O. I	2, F.S., to determine penalty liability) ss) CHARLEVOX, M, Hoss) attry to be carried out in state of Florida) Box NOT acceptable)
ame and <u>street ad</u>	(Principal office STROUD COUNTING COURTER Mailing SALON Corporation authorized in home states of Florida registered agent: SILL E KATE 130 MONTROS	e addres PRT g addres or coun (P.O. I	2, F.S., to determine penalty liability) SS) CHARLEVOX, MI Hoss) Intry to be carried out in state of Florida) Box NOT acceptable)
lame and street ad	(SEE SECTIONS 607.1501 & 6 (Principal office STROUD COUNTY Current mailing) (Current mailing)	e addres PRT g addres or coun (P.O. I	2, F.S., to determine penalty liability) ss) CHARLEVOX, M, Hoss) attry to be carried out in state of Florida) Box NOT acceptable)

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.

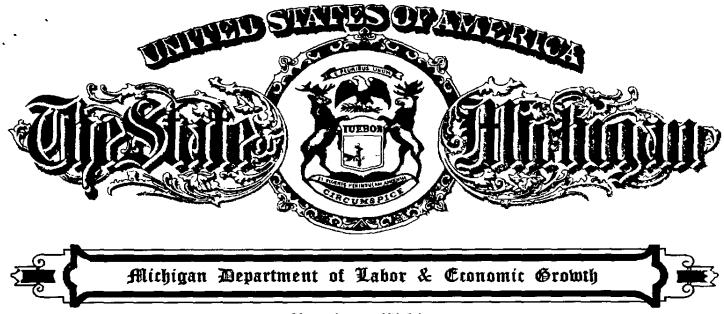
(Registered agent's signature)

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:

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A. DIRECTORS	2005 OCT 31 PM 1: 40
Chairman:	
Address:	SEURLIARY OF STATE TALLAHASSEE, FLORIDA
Vice Chairman:	
Address:	
Director:	
Address:	
<u></u>	
Director:	
Address:	
B. OFFICERS	0
President: DR. MAUREEN G. 6	JICKERSTETH
Address: 1010 STROUP COO	URT
CHARLEVOIX M	1 49720
Vice President:	
Address:	
Secretary: THOMAS G. BICKE	
Address: 223 BRIDGE ST. PO	Box 227, MI 49720
Treasurer:	•
Address:	
NOTE: If necessary, you may attach an addendum to the app	plication listing additional officers and/or directors.
(Signature of Director or Officer listed	in number 12 of the application)
14 Thomas Bickersteth -	Sacretoru
(Typed or printed name and conscitu	of nerson signing application)



Langing, Michigan

This is to Certify That

SALON NOVA, INC.

was validly incorporated on May 5, 2005, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 14th day of October, 2005.

, Director

Bureau of Commercial Services