F07000003072

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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CORPORATE FILING SERVICE

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. YUSMELIS, S.L. C. (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

☑ Walk in ☑ Pick up time 2.00 ☑ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

CR2E031(7/97)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

June 6, 2007

LAZARUS

,

SUBJECT: YUSMELIS, S.L. CO
Ref. Number: W07000026910

We have received your document for YUSMELIS, S.L. CO. However, the document has not been filed and is being returned for the following:

Please provide english translation for the certificate.

Please return the original and one copy of 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) 245-6934.

Loria Poole
Document Specialist
New Filing Section

Letter Number: 507A00038596

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. YUSMELIS, S.L. CO.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. (BARCELONA) SPAIN
(State or country under the law of which it is incorporated)

3. _____
(FEI number, if applicable)

4. Juny 19, 2003
(Date of incorporation)

5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")

6. Juny 1, 2007
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3141Berridge Lane, Orlando FL 32812
(Principal office address)

3141 Berridge Lane, Orlando FL 32812
(Current mailing address)

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TALLAHASSEE, FLORIDA

8. Comercialize nails products
(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 NOT acceptable)

Name: Israel Rodríguez

Office Address: 3141Berridge Lane

Orlando (City), Florida 32812 (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:

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A. DIRECTORS

Chairman: Yenis Abella Rodríguez

Address: migjorn, 29 08759-Vallirana-Barcelona-Spain

Vice Chairman: _____

Address: _____

Director: Yenis Abella Rodríguez

Address: migjorn, 29 08759-Vallirana-Barcelona-Spain

Director: Juan Manuel Mayoral Moyano

Address: migjorn, 29 08759-Vallirana-Barcelona-Spain

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: Yusmary Perez Rodriguez

Address: migjorn, 29 08759-Vallirana-Barcelona-Spain

Treasurer: Juan Manuel Mayoral Moyano

Address: migjorn, 29 08759-Vallirana-Barcelona-Spain

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. Yenis Abella Rodríguez

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

Tributary agency www.agenciatributaria.es Special Delegation of CATALUNYA Administration of SAN FELIU DE LLOBREGAT

CL RAMON and CAJAL, 47-49 N° Remesa: 07960157775
08980 S FELIU LLOB (BARCELONA)
Tel: 936667311
Fax: 936851996 Communicated N°: 0796114724515

YUSMELIS, SL
CL MIGJORN, 29
08759 VALLIRANA BARCELONA

CERTIFICATE ON THE TAX OF ECONOMIC ACTIVITIES

N° REFERENCE: 20071667981

The Administrator:
Once examined the data and other antecedents in this administration of the State Agency of Tributary Administration,

CERTIFICO THAT:
N.I.F.: B 63220552 COMPANY NAME: YUSMELIS, LIMITED LIABILITY COMPANY. ADDRESS: CL MIGJORN, 29 08759 VALLIRANA BARCELONA

• Is registered in the tax on Economic Activities corresponding to the exercices that next are related:

EJ.	ACTIVITY	EPIGRAF AND ADDRESSES	BEGINNING	2007
ENTERPRISE	5011 -	COMPLETE CONSTRUCTION REPAIR. AND CONSERV. BARCELONA	12-25-2003	
2007	ENTERPRISE	9722 - SALONS AND INSTITUTES OF BEAUTY AV. BARCELONA, 33 SAN JUAN DESPI	07-04-2003	

The authenticity and validity of this certificate will have to be verified by the adressee acceding to the Web site of the Tributary Agency (www.agenciatributaria.es) in the option "virtual office", "certifications", "verification of sent certifications", so that it has in each case the desired effects anticipated by the legal ordering. For that reason will have to be used the following safe code 8711407738C88F32 of verification of the expedition and to keep copy from the conducted verification. Equally the copy of this certificate will be valid, that will have previously to be object of the verification indicated in the Web site of the Tributary Agency.

And so that it consists to the opportune effects, Sent in SAN FELIU DE LLOBREGAT to, April, 16 2007.

The administrator

Sgn.: Lorena Echevarría González

Agencia Tributaria
www.agenciatributaria.es

Delegación Especial de CATALUÑA

Administración de SAN FELIU DE LLOBREGAT

CL RAMON Y CAJAL, 47-49
08980 S FELIU LLOB (BARCELONA)
Tel. 936667311
Fax. 936851996

N° de Remesa: 07960157775

N° Comunicación: 0796114724515

YUSMELIS, SL
CL MIGJORN, 29
08759 VALLIRANA BARCELONA

CERTIFICADO SOBRE EL IMPUESTO DE ACTIVIDADES ECONOMICAS

N° REFERENCIA: 20071667981

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TALLAHASSEE, FLORIDA

La Administradora:

Una vez examinados los datos y demás antecedentes en esta administración de la Agencia Estatal de Administración Tributaria,

CERTIFICO QUE:

N.I.F.: **B63220552** RAZÓN SOCIAL: **YUSMELIS, SL**
DOMICILIO: **CL MIGJORN , 29**
08759 - VALLIRANA - BARCELONA

* Está dado de alta en el Impuesto sobre Actividades Económicas correspondiente a el/los ejercicio/s que a continuación se relaciona:

EJ.	ACTIVIDAD	EPIGRAFE Y DOMICILIO/S	INICIO
2007	EMPRESARIAL	5011 - CONSTRUCCION COMPLETA, REPAR. Y CONSERV. BARCELONA	25-12-2003
2007	EMPRESARIAL	9722 - SALONES E INSTITUTOS DE BELLEZA AV BARCELONA, 33 - SANT JOAN DESPI	04-07-2003

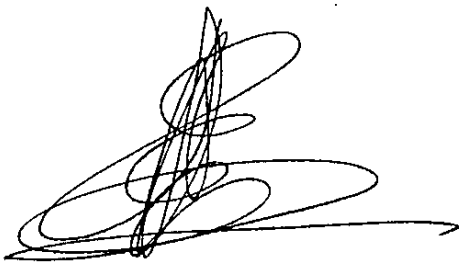
La autenticidad y validez de este certificado deberá ser comprobada por el destinatario accediendo a la página web de la Agencia Tributaria (www.agenciatributaria.es) en la opción "Oficina Virtual", "Certificaciones", "Comprobación de certificaciones expedidas" para que surta en cada caso los efectos previstos por el ordenamiento jurídico. Para ello deberá utilizarse el siguiente *Código seguro de verificación de la expedición* **8711407738C88F32** y guardar copia de la comprobación efectuada. De igual modo será válida la copia de este certificado, que deberá ser objeto de la comprobación señalada anteriormente en la página web de la Agencia Tributaria.

71072 - 07961147245 1 - 01 - 104 - 2

Y para que conste a los efectos oportunos,

Expedido en SANT FELIU DE LLOBREGAT, a 16 de abril de 2007.

La Administradora



Fdo.: Lorena Echeverría González