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Special Instructions to	Filing Officer:	İ	
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Office Use Only

611 W10000045860

\$650.00



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09/28/10--01013--013 **87.50

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2018 OCT 12 PM 4: 26

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COVER LETTER

TO: New Filing Sec Division of Cor					
		OPERATING (O	monny line		
SUBJECT:	Name of corporatio	OPERATING (O) on - must include suffix	mpang, mc.		
Dear Sir or Madam:					
"Certificate of Existence	ion by Foreign Corporation for e," or "Certificate of Good Sta on corporation to transact busin	inding" and check are sub-			
Please return all corresp	ondence concerning this matte	er to the following:			
	SHEILA Crews			_	
	Name of	f Person			
STRIVEC	TIN OPERATING (Company, In		_	
	_				
	Jest 26th St. S	uk 1505		_	
New	York, Ny 1000 1	and Zip code			
Screw		COM for future annual report n	otification)		
For further information	concerning this matter, please	call:			
SITELLA C Name of Perso	viu) S at (212 on Area		one Number	2013 OCT 1	JO RSINIC
STREET/COUNTY New Filing Second Division of County	rporations g e Center Circle	MAILING A New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ction orporations 7	2 PH 4: 26	
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 State Certified Copy	ıs &	

; ;



RECEIVED

10 OCT 12 AM 3:57

FLORIDA DEPARTMENT OF STATES OF CORPORATIONS Division of Corporations

September 30, 2010

SHEILA CREWS 601 WEST 26TH STREET SUITE 1505 NEW YORK, NY 10001

SUBJECT: STRIVECTIN OPERATING COMPANY, INC.

Ref. Number: W10000045860

We have received your document for STRIVECTIN OPERATING COMPANY, 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):

The registered agent must sign accepting the designation.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$650.00.

Please return the corrected 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) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 110A00023268

2010 OCT 12 PM 4: 2

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.

	ELIGN CORPORATION TO TRANSACT I		
(Enter name of co	ECTIN OPERATING COMPAN prporation; must include "INCORPORATED, prp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavails	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florid	ia)
2. <u>De la u</u> (State or country i	3. under the law of which it is incorporated)	27 - 0306795 (FEI number, if applicable)	
4. 5la	aloa 5.	Dernetual	
	of incorporation)	Devoetual (Duration: Year corp. will cease to exist or "perpetual"	<u>")</u>
6.	→ 7)13109		
	 (Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 	i02, F.S., to determine penalty liability)	_
7. <u>601 West</u>	26th St Suite 1505 (Principal office add	New york, Ny 10001	_
601 Wes	t 20th St Suik 1505 (Current mailing add	New York, Ny 10001 New York, Ny 10001 ress)	
8. Wholes	sale of Skin care pundu of corporation authorized in home state or co	はち untry to be carried out in state of Florida)	20 120
9. Name and stree	t address of Florida registered agent: (P.C	D. Box NOT acceptable)	90 S
Name:	C T Corporation System		<u> </u>
Office Address:	1200 South Pine Island Road		2 PM
	Plantation	, Florida 33324	
	(City)	(Zip code)	5.
designated in this further agree to co	ed as registered agent and to accept servi application, I hereby accept the appointn	ce of process for the above stated corporation at th nent as registered agent and agree to act in this cap elative to the proper and complete performance of sition as registered agent.	pacity. I
, _{Bv:} <	CT Corporation System	Debble Diaz Assistant Secretary	

i1. 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.

(Registered agent's signature)

12.	Names an	nd business	addresses	of	officers	and/or	directors
140.	TAMILOS OF	ia oasiiicss	4441 63363	vı	01110013	wild, Oi	OIL OOL

FILED SECRETARY OF STATE DIVISION OF COLUMN

A. DIRECTORS	PRISIDA CL. CO. 3.1 - 1.
	2018 OCT 12 PM 4: 26
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
Audioss.	
Vice President: Melisse Shalson Address: 1108 Cowper Drive	
Secretary: Richard Gersten	
Address: 78 Stonewall Circle. Wast Harrison,	Ny 10604
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing	g additional officers and/or directors.
(Signature of Director or Officer listed in number 12	of the application)
14. Melisse Shaban, CE	.0
(Typed or printed name and capacity of person sign	ning application)

Delaware

PAGE I

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "STRIVECTIN OPERATING COMPANY, INC."

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 SECOND DAY OF

SEPTEMBER, A.D. 2010.

ON STATE OF CO. 1. .

4691763 8300

100880855

AUTHENTICATION: 8208536

DATE: 09-02-10

You may verify this certificate online at corp.delaware.gov/authver.shtml