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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

001495.136408

From: Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION
SKINDOCTORS TATTOO - GERMAN INC.

Table with 2 columns: Description and Value. Rows include Certificate of Status (0), Certified Copy (1), Page Count (04), and Estimated Charge (\$78.75).

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 NOV 15 PM 3:50

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TALLAHASSEE, FLORIDA

10 NOV 15 PM 2:01

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANACT BUSINESS IN THE STATE OF FLORIDA.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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1. SKINDOCTORS TATTOO - GERMAN INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Int.," "Co.," or "Corp.")

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

2. Delaware 3. N/A  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. September 24, 2010 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. c/o Roland Feldmann, 5842 21st Ave North, S. Petersburg, FL 33710  
(Principal office address)

c/o Roland Feldmann, 5842 21st Ave North, S. Petersburg, FL 33710  
(Current mailing address)

8. Any lawful purpose  
(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)

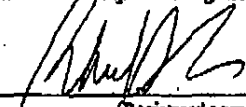
Name: United Corporate Services, Inc.

Office Address: 9200 South Dadeland Blvd, S. 508

Miami Florida 33156  
(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)  
Michael A. Barr, President

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.

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STATE  
TALLAHASSEE, FLORIDA

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Joachim Michael Kohlhase

Address: Deepenwischenweg 12a, 25474 Bonningstedt, Rep. of Germany

Director: Sybille Kohlhase

Address: Deepenwischenweg 12a, 25474 Bonningstedt, Rep. of Germany

B. OFFICERS

President: Roland Feldmann

Address: 6642 21st Ave North, Saint Petersburg, FL 33710

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Sybille Kohlhase

Address: Deepenwischenweg 12a, 25474 Bonningstedt, Rep. of Germany

Treasurer: Joachim Michael Kohlhase

Address: Deepenwischenweg 12a, 25474 Bonningstedt, Rep. of Germany

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

13. \_\_\_\_\_  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Joachim Michael Kohlhase, Director

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

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# Delaware

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*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SKINDOCTORS TATTOO - GERMAN 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 FIFTEENTH DAY OF NOVEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SKINDOCTORS TATTOO - GERMAN INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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 SECRETARY OF STATE  
 JAIL APPELLER, FLORIDA

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You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



*[Handwritten Signature]*  
 Jeffrey W. Bullock, Secretary of State  
 AUTHENTICATION: 8351710

DATE: 11-15-10

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