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PICK-UP WAIT MAIL						
(Business Entity Name)						
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Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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PECIAL I	NSTRUCTIONS:				

## 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. Lyoness New York Inc.								
		orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ED,"	"COMPAI	NY," "CORPORA	TION,"		_
	(If name unavaila	able in Florida, enter alternate corporate na	ıme a	dopted for t	the purpose of trans	sacting busing	ness in Flo	orida)
2.	Delaware		3.	27-1718112	2			
-•	(State or country	under the law of which it is incorporated)			(FEI number, i	f applicable	)	
1.	10-19-2	009	5.	Perpetual				
	(Date	of incorporation)	_	(Duration:	Year corp. will cea	ase to exist o	or "perpet	ual")
5.	Upon qualificati	on				_		
		(Date first transacted busine		•	_	•	į	
		(SEE SECTIONS 607.1501 & 60	7.150	12, F.S., to 6	determine penalty i	iability)		
7.	350 Fifth Avenue	e, 27th Floor, New York, NY 10118						
7.	350 Fifth Avenue	e, 27th Floor, New York, NY 10118  (Principal office	addre	ess)				
7.	same as above	(Principal office		•				
7.				•			SE(	C)
•	same as above	(Principal office (Current mailing	addre	ess)	or notwork that pro	wides consu	SECRE TALLAH	o To
•	same as above  To carry on activ	(Principal office (Current mailing ities in the United States related to an inter	addre	ess) nal shoppin				TOV its
3.	To carry on activ	(Principal office  (Current mailing ities in the United States related to an interplace) of corporation authorized in home state of	addre matic	nal shoppin	earried out in state of		SECRETE OF TALLAH SEE. F	-5\ -≅
3.	To carry on activ	(Principal office (Current mailing ities in the United States related to an inter	addre matic	nal shoppin	earried out in state of			-5\ -≅
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3.	To carry on activ (Purpose(s	(Principal office  (Current mailing ities in the United States related to an inter) of corporation authorized in home state of taddress of Florida registered agent: (	addre matic	nal shoppin	earried out in state of			-5\ -≅
8. 9.	To carry on active (Purpose(s) Name and street Name:	(Principal office  (Current mailing ities in the United States related to an inter) of corporation authorized in home state of taddress of Florida registered agent: (  Paracorp Incorporated	addre matic	nal shoppin ntry to be c Box NOT	earried out in state of			-5\ -≅

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.

By: Ninh Ho, Asst. Secretary

(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:

10 NOV 16 AM 8:34

A. DIRECTORS	SECRETARY OF STATE TALLAHASSEE FLORIDA
Chairman:	A COULDA
Address:	
Vice Chairman:	
Address:	
Director: Martha Krolikowski	
Address: 350 Fifth Avenue, 27th Floor	
New York, NY 10118	
Director:	
Address:	
B. OFFICERS	
President: Martha Krolikowski	· · · · · · · · · · · · · · · · · · ·
Address: 350 Fifth Avenue, 27th Floor	
New York, NY 10118	
Vice President: Monica Murarova	
Address: New York, NY 10118	
New York, NY 10118	
Secretary: Martha Krolikowski	
Address: 350 Fifth Avenue, 27th Floor, New York, NY 10118	
Treasurer:	
Address:	
NOTE: If necessary, you may attack an addendum to the application listing a	additional officers and/or directors.
13.	C.4. 12 1
(Signature of Director or Officer listed in number 12 of	t the application)
14. Martha Krolikowski, President  (Typed or printed name and capacity of person signir	ng application)

## Delaware

PAGE

## The First State

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

DELAWARE, DO HEREBY CERTIFY "LYONESS NEW YORK 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 TWENTY-SEVENTH DAY OF

SEPTEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LYONESS NEW YORK INC." WAS INCORPORATED ON THE NINETEENTH DAY OF OCTOBER,

A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

FILED STATE SECRETARIASSEE PLORIDA

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100943587

AUTHENTY CATION: 8252344

DATE: 09-27-10

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