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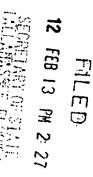
• •
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: C. Varona, D.O., S.C.,	P.C.		
* * * * * * * * * * * * * * * * * * * *	ration - must include suffix		
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact by	Standing" and check are subn		
Please return all correspondence concerning this m	natter to the following:		
Wendy Garcia	•		
Nam	ne of Person		
Hair Club For Men, LLC			
Firm/	/Company		
1515 S. Federal Highway Ste. 4	01		
	Address		
Boca Raton, FL 33432			
City/St	ate and Zip code		
wgarcia@hcfm.com			
E-mail address: (to be u	sed for future annual report no	otification)	
For further information concerning this matter, ple	ase call:		
Wendy Garcia _{at (} 561 ₎ 361-7600 ext.3232			
	area Code & Daytime Telepho		
CTREET/COURSED ADDRESS.	MALL INC. AT	ADDECC.	
STREET/COURIER ADDRESS: New Filing Section		MAILING ADDRESS: New Filing Section	
Division of Corporations			
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	P.O. Box 6327 Tallahassee, FL	. 32314	
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 Status & Certified Copy	

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: C. Varona, D.O., S.C., F	P.C.	
Name of corporate	ion - must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation f "Certificate of Existence," or "Certificate of Good St above referenced foreign corporation to transact business.	tanding" and check are submitted to register the	
Please return all correspondence concerning this mat	ter to the following:	
Wendy Garcia		
Name	of Person	
Hair Club For Men, LLC		
Firm/C	ompany	
1515 S. Federal Highway Ste. 40	1	
Ad	dress	
Boca Raton, FL 33432		
City/State	and Zip code	
wgarcia@hcfm.com	-	
E-mail address: (to be use	d for future annual report notification)	
For further information concerning this matter, please	e call:	
Wendy Garcia at (561) 361-7600 ext.3232		
Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for the following amount:	•	
\$70.00 Filing Fee \$\text{Certificate of Status}\$	\$78.75 Filing Fee & Certified Copy Certified Copy Certified Copy	

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. C. Varona, D.	.O., S.C., P.C. corporation; must include "INCORPORATI	cn,	""COMPANY " "COPPOPATION"	
"Inc.," "Co.," "C	Corp., "Inc.," "Co," or "Corp.")	5D,	COMPANT, CORPORATION,	
	·			
(If name unavail	able in Florida, enter alternate corporate na	me a	adopted for the purpose of transacting business in Florida)	
2. Illinois		3.	27-2872201	
(State or country	under the law of which it is incorporated)		(FEI number, if applicable)	
_{4.} 06/11/10		5.	Perpetual	
(Date	of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")	
6.				
			Florida, if prior to registration)	
704 11 41			02, F.S., to determine penalty liability)	
7. /01 Northp	oint Parkway, Ste. 200, Wes			-7:
4545 C E-	(Principal office a		Significant and the second of	=
1515 S. FE	ederal Highway Ste. 40, Bo (Current mailing a			דד
	(Current maning a	1001	(S)	
8.				
(Purpose(s) of corporation authorized in home state or	r cou	untry to be carried out in state of Florida)	
9. Name and stree	et address of Florida registered agent: (l	P.O.	Box NOT acceptable)	
Name:	Corporation Service Comp	an	<u>Y</u>	
Office Address:	1201 Hays Street			
	Tallahassee		, Florida 32301	
	(City)		(Zip code)	
10 Registered ao	sent's accentance			

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.

Believe Plus ASST. VICE 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.

	Mark Control of the C
12. Names and business addresses of officers and/or directors:	
A. DIRECTORS	FILED.
Chairman:	12 FEB 13 PM 2: 27
Address:	SECRETARY OF STATE
Vice Chairman:	·
Address:	
•	
Director: Christopher Varona, D.O.	
Address: 701 Northpoint Parkway, Ste. 200, West Palm Be	each, FL 33402
Director:	
Address:	
B. OFFICERS	
President: Christopher Varona, D.O.	
Address: 701 Northpoint Parkway, Ste. 200, West Palm Beach, FL 334	102
Vice President: Christopher Varona, D.O.	
Address: 701 Northpoint Parkway, Ste. 200, West Palm Beach,	FL 33402
Secretary: Christopher Varona, D.O.	
Address: 701 Northpoint Parkway, Ste. 200, West Palm Beach, FL 3	33402
Treasurer: Christopher Varona, D.O.	
Address: 701 Northpoint Parkway, Ste. 200, West Palm Beach, FL 3	33402
NOTE: If necessary, you may attach an addendum to the application listing additi-	onal officers and/or directors
	ona. On one and or direction
Signature of Director or Officer	a) affirms that the feets stated have in
The officer or director signing this document (and who is listed in number 12 above are true and that he or she is aware that false information submitted in a document to the control of	
third degree felony as provided for in s.817.155, F.S. 14. Christopher Varona, D.O. President/Director	
(Typed or printed name and capacity of person signing app	plication)

File Number

6716-473-3



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

C. VARONA, D.O., S.C., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 11, 2010, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1202501164

Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 25TH

day of JANUARY

A.D.

2012

Desse White

SECRETARY OF STATE