

F/2000002190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

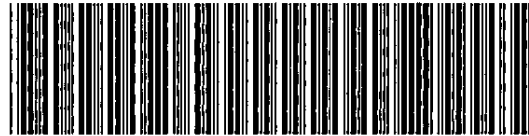
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

ADDED TERM "PERPETUAL"  
TO # 5 (DURATION). PER  
TELEPHONE CONVERSATION  
WITH NANCY OZEVSON.

K 05/16/12

Office Use Only



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FILED  
12 MAY 22 PM 2:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W27100

K 05/23/12



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 16, 2012

NANCY OLEVSON  
2412 STICKNEY POINT ROAD  
SARASOTA, FL 34231

SUBJECT: RHODE ISLAND HAIR EXTENSIONS, INC.  
Ref. Number: W12000027100

We have received your document for RHODE ISLAND HAIR EXTENSIONS, 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):

**PLEASE NOTE:** You have included an alternate name in your document that is not allowed under corporate law. If you want to do business in Florida under a different name other than the one you incorporated under, you will need to file a fictitious name application. You can find this form on our website at [www.sunbiz.org](http://www.sunbiz.org).

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please complete the Principal/Mailing addresses to include the Zipcode.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6052.

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** RHODE ISLAND HAIR EXTENSIONS, INC.  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

NANCY OLEVSON  
Name of Person  
c/o WIGS and HAIR EXTENSIONS  
Firm/Company  
[REDACTED] 2412 STICKNEY POINT ROAD  
Address  
SAKASOTA, FLORIDA 34231  
City/State and Zip code  
OLEVSON4@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NANCY OLEVSON at (941) 600-6387  
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

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☒ \$87.50 Filing Fee,  
Certificate of Status &  
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. RHODE ISLAND HAIR EXTENSIONS, INC.  
(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. Rhode Island 3. X  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/3/1995 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. not yet in Florida, waiting for new corporation  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. NANCY OLEVSON - 2412 STICKNEY POINT Rd. Sarasota FL  
(Principal office address)  
2412 STICKNEY POINT Rd. Sarasota, FL 34231  
(Current mailing address)

8. SALES OF WIGS, (RETAIL)  
(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: NANCY OLEVSON

Office Address: 2412 STICKNEY POINT Rd.  
Sarasota, Florida 34231  
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.

Nancy Ole  
(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:

A. DIRECTORS

Chairman:

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President:

Address:

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

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.

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



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

Certification Number: 12052648530

The office of the Secretary of State of the State of Rhode Island and Providence Plantations,  
HEREBY CERTIFIES, that

**RHODE ISLAND HAIR EXTENSIONS, INC.**

a Rhode Island corporation, filed original articles of incorporation in this office on

January 03, 1995

Effective

January 03, 1995

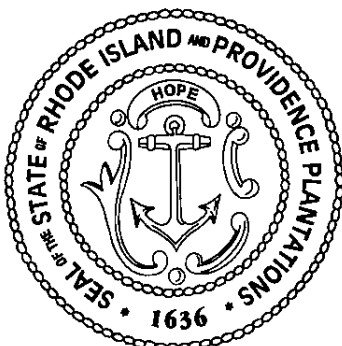
IT IS FURTHER CERTIFIED that as of this date said corporation is duly organized and existing  
under and by virtue of the laws of the State of Rhode Island and is in good standing according  
to the records of this office.

SIGNED AND SEALED ON

Thursday, May 17, 2012

Secretary of State

Authorized Agent



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12 MAY 22 PM 2:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA