

F13000002638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

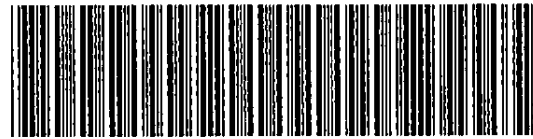
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

18 Jun JUN 18 2013

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: **SPECIALIZED INVESTORS 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:

CRISTIAN ROJAS

Name of Person

SPECIALIZED INVESTORS

Firm/Company

PO BOX 668560

Address

MIAMI FL 33166

City/State and Zip code

specializedinvestors@msn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CRISTIAN ROJAS at (**786**) **556-4863**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 28, 2013

CRISTIAN ROJAS
PO BOX 668560
MIAMI, FL 33166

SUBJECT: SPECIALIZED INVESTORS INC
Ref. Number: W13000030858

We have received your document for SPECIALIZED INVESTORS 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):

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 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.

Tim Burch
Regulatory Specialist II

Letter Number: 213A00013263

**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

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1. **SPECIALIZED INVESTORS INC**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

SPECIALIZED BEAUTY

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

2. **NEVADA-USA**

(State or country under the law of which it is incorporated)

3. **20-2875041**

(FEI number, if applicable)

4. **04/21/2005**

(Date of incorporation)

5. **PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

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

7. **15561 SW 27 ST MIAMI, FL 33185**

(Principal office address)

PO BOX 668560 MIAMI, FL 33166

(Current mailing address)

8. **RETAIL AND WHOLESALE SALES OF HAIR CARE PRODUCTS**

(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: **CRISTIAN ROJAS**

Office Address: **15561 SW 27 ST**

MIAMI

(City)

, Florida **33185**

(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)

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: _____

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B. OFFICERS

President: CRISTIAN ROJAS

Address: 15561 SW 27 ST
MIAMI, FL 33185

Vice President: CRISTIAN ROJAS

Address: 15561 SW 27 ST
MIAMI FL 33185

Secretary: CRISTIAN ROJAS

Address: 15561 SW 27 ST MIAMI FL 33185

Treasurer: CRISTIAN ROJAS

Address: 15561 SW 27 ST MIAMI FL 33185

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

13. Cristian A. Rojas

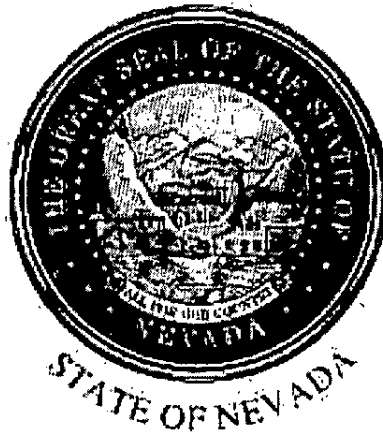
Signature of Director or Officer

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. Cristian Rojas

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

SECRETARY OF STATE



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TALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **SPECIALIZED INVESTORS, INC**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since April 21, 2005, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on June 12, 2013.




ROSS MILLER
Secretary of State

Electronic Certificate
Certificate Number: C20130612-0158
You may verify this electronic certificate
online at <http://www.nvsos.gov/>