

F13000005158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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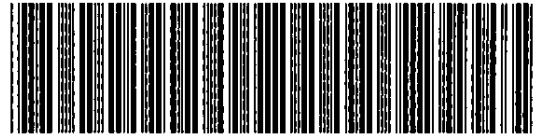
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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12/02/13--01039--006 \*\*78.75

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TALLAHASSEE, FLORIDA

MD 12/3

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November 27, 2013

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

\*Of Counsel  
\*\*Board Certified Real Estate  
\*\*\*Board Certified Business Litigation

Re: Application for qualification  
**DIVERSIFIED BEAUTY PRODUCTS, INC.**  
Our File No. 33940.000

Dear Sir/Madam:

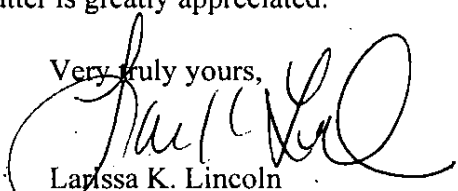
Enclosed please find the original and one (1) copy of the above referenced Application together with the Certificate of Good Standing. Upon filing of these documents, please return the **certified copy** of the articles to the undersigned.

A check in the amount of \$78.75 is enclosed in payment of the following fees:

Filing fees	\$35.00
Certified copy of Articles	\$ 8.75
Registered Agent Designation	\$35.00
	<u>\$78.75</u>

Your prompt assistance in this matter is greatly appreciated.

Very truly yours,

  
Larissa K. Lincoln  
Legal Assistant

SecQualifDiversifiedltr

Enclosures

Cc: Melody Alstodt

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

712 U.S. HIGHWAY ONE • SUITE 400 • P.O. BOX 13146 • NORTH PALM BEACH, FLORIDA 33408-7146  
TELEPHONE: (561) 844-3600 • FACSIMILE: (561) 842-4104

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

**DIVERSIFIED BEAUTY PRODUCTS INC.**

1. DIVERSIFIED BEAUTY PRODUCTS 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. DELAWARE 3. 27-1843333  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 02/03/2010 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 4400 NORTH CORP PARKWAY, PALM BEACH GARDENS, FL 33410  
(Principal office address)  
4400 NORTH CORP PARKWAY, PALM BEACH GARDENS, FL 33410  
(Current mailing address)

8. ALL LEGAL PURPOSES  
(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: TRISHA BERNSTEIN

Office Address: 3309 NORTHLAKE BLVD., STE 203

PALM BEACH GARDENS, Florida 33403  
(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.*

X Trisha Bernstein  
(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.

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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

## A. DIRECTORS

Chairman: HARVEY ALSTODTAddress: 4400 NORTH CORP. PARKWAY  
PALM BEACH GARDENS, FL 33410

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

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

## B. OFFICERS

President: HARVEY ALSTODTAddress: 4400 NORTH CORP. PARKWAY  
PALM BEACH GARDENS, FL 33410

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. Harvey Alstodt

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. HARVEY ALSTODT, PRESIDENT

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

# Delaware

*The First State*

PAGE

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OFFICE OF THE SECRETARY OF STATE  
DELAWARE

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DIVERSIFIED BEAUTY PRODUCTS 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-SECOND DAY OF NOVEMBER, A.D. 2013.

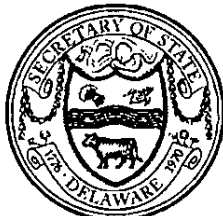
AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DIVERSIFIED BEAUTY PRODUCTS INC." WAS INCORPORATED ON THE THIRD DAY OF FEBRUARY, A.D. 2010.

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.

4784864 8300

131339213



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

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 0918950

DATE: 11-22-13