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Division of Corporations

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From:

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Account Number : FCA000000023 Phone : (850)205-8842 Fax Number : (850)878-5368

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FOREIGN PROFIT/NONPROFIT CORPORATION THE SPA STANDARD, INC.

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MAR 1 8 2015

COVER LETTER

Division	ng Section of Corporations			
SUBJECT:	1e Spa Standard, Inc.			
	Name of	corporation	- must include suffix	
Dear Sir or Mada	m:			
"Certificate of E	oplication by Foreign Corp sistence," or "Certificate or foreign corporation to tran	f Good Stand	ding" and check are sub-	t Business in Florida," mitted to register the
Please return all Michael Cross	correspondence concerning ey, Esq.	this matter	to the following:	
		Name of F	erson	
Baer Crossey	LLC		· · · · · · · · · · · · · · · · · · ·	
1500 Walnut	Street, Suite 501	Firm/Com	pany	
Philadelphia,	PA 19102	Addre	55	
mcrossey@bi	aercrossey.com	City/State or	d Zip code	
	E-mail address: (to be used fo	or future annual report n	otification)
For further infor	nation concerning this mat	ter, picase c	alf:	
Michael Cross	ey	215	636-925B	
Name of		Area C	ode & Daytime Telepho	one Number
New Fill Division Clifton I 2661 Ex Tallahas	C/COURIER ADDRESS: ng Section of Corporations building ecutive Center Circle see, FL 32301 eck for the following amou		MAILING AI New Filing Se Division of Co P.O. Box 6327 Tallahassee, Fi	ction reporations
2 \$70.00 Filing	_	· Fee & 🗇	\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

lisher name of co	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "Company," "Corporation,"	
	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	
Delaware	3	46-5190730	
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
3/20/2014	5	Perpetual	
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
•		·	
703 Whisperio	(Date that transacted business (SEE SECTIONS 607.1501 & 607.1 ng Brook Drive, Newtown Square, (Principal office ad		
		4(035)	
703 Whisperl	ng Brook Drive, Newtown Square		
703 Whisperl		, PA, 19073	
•	ng Brook Drive, Newtown Square	, PA, 19073 dress)	
•	ng Brook Drive, Newtown Square (Current mailing ad	, PA, 19073 dress) O. Box NOT acceptable)	É
Name and <u>stree</u>	ng Brook Drive, Newtown Square (Current mailing ad t address of Florida registered agent: (P	, PA, 19073 dress) O. Box NOT acceptable)	
Name and <u>stree</u>	(Current mailing ad taddress of Florida registered agent: (P C T Corporation System 1200 South Pine Island	dress) O. Box NOT acceptable) Road	
i. Name and <u>stree</u> Name:	(Current mailing ad t address of Florida registered agent: (P	, PA, 19073 dress) O. Box NOT acceptable)	
Name and stree Name: Office Address: Registered age Having been namelesignated in this further agree to co	(Current mailing ad t address of Florida registered agent: (P C T Corporation System 1200 South Pine Island Plantation, Florida (City) ent's acceptance: ed as registered agent and to accept ser application, I hereby accept the appoint	Road Florida 33324 (Zip code) Vice of process for the above stated corporation at the pitment as registered agent and agree to act in that capacity relative to the proper and complete performance of my	Tage of

10. 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.

Œ	CTORS Rick Maack
:	<u> </u>
7	703 Whispering Brook Drive, Newtown Square, PA, 19073
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-	Kelly Maack
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7	03 Whispering Brook Drive, Newtown Square, PA, 19073
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	Kelly Maack
	'03 Whispering Brook Drive, Newtown Square, PA, 19073
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	Rick Maack
7	703 Whispering Brook Drive, Newtown Square, PA, 19073
-	Rick Maack
7	03 Whispering Brook Drive, Newtown Square, PA, 19073
-	
i	necessary, you may attach an addendum to the application listing additional officers and/or directors.
	Helly of maach
	Signature of Director or Officer
	r or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein
¢	if that he as the is summer that false information when itself in a destinant to the Menestment of State sensitivities
ņ	d that he or she is aware that false information submitted in a document to the Department of State constitutes rec felony as provided for in s.817.155, F.S.

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "THE SPA STANDARD, 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
FEBRUARY, A.D. 2015.

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.

5502385 8300

150290977

You may verify this certificate online at corp.delevare.gov/euthver.shtml Jeffrey W. Bullock, Socretary of State

AUTHENTACATION: 2158429

DATE: 02-27-15