

F15000005304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

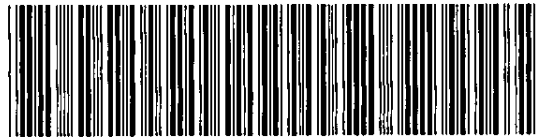
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

name confl. W15-77482

Office Use Only



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RECEIVED

DEPARTMENT OF STATE
OFFICE OF CORPORATIONS

15 NOV 30 AM 11:50

NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED

2015 DEC -2 P 5:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 02 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 1, 2015

CORPORATION SERVICE COMPANY
MELISSA ZENDER

SUBJECT: BASMA HAMEED DERMAL MICRO-PIGMENT CLINIC, INC.
Ref. Number: W15000077482

We have received your document for BASMA HAMEED DERMAL MICRO-PIGMENT CLINIC, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer 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) 245-6051.

Stacey M Mason
Regulatory Specialist II

Letter Number: 115A00025115

* PLEASE FILE FIRST. REPORT
SEPARATE. THANKS! *

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 887606 7123350

AUTHORIZATION :

COST LIMIT : \$70,000

ORDER DATE : November 25, 2015

ORDER TIME : 9:41 AM

ORDER NO. : 887606-005

CUSTOMER NO: 7123350

FOREIGN FILINGS

NAME: BASMA HAMEED DERMAL MICRO-
PIGMENT CLINIC, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: _____

**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. Basma Hameed Dermal Micro-Pigment Clinic, 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. California 3. 30-0887638
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. July 9, 2015 5. _____
(Date of incorporation) (Date of duration, if other than 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. 3211 Ponce de Leon Boulevard, Suite 200, Coral Gables, Florida 33134
(Principal office address)
- _____
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Roberto Gonzalez, CPA

Office Address: 3211 Ponce de Leon Boulevard, Suite 200

Coral Gables, Florida 33134
(City) (Zip code)

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TALLAHASSEE, FLORIDA

9. 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)

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.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Besma Chasib

Address: 28 Finch Avenue West, Unit 113

Toronto, Ontario, Canada M2N 2G7

Director: _____

Address: _____

B. OFFICERS

President: Besma Chasib

Address: 28 Finch Avenue West, Unit 113

Toronto, Ontario, Canada M2N 2G7

Vice President: _____

Address: _____

Secretary: Besma Chasib

Address: 28 Finch Avenue West, Unit 113, Toronto, Ontario, Canada M2N 2G7

Treasurer: Besma Chasib

Address: 28 Finch Avenue West, Unit 113, Toronto, Ontario, Canada M2N 2G7

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

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. BESMA CHASIB

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

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2015 DEC -2 PM 5:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**State of California
Secretary of State**

CERTIFICATE OF STATUS

ENTITY NAME:

BASMA HAMEED DERMAL MICRO-PIGMENT CLINIC, INC.

FILE NUMBER: C3806023
FORMATION DATE: 07/09/2015
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

**I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:**

**The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.**

**No information is available from this office regarding the financial
condition, business activities or practices of the entity.**



**IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of October 06, 2015.**

**ALEX PADILLA
Secretary of State**

BASMA HAMEED DERMAL MICRO-PIGMENT CLINICS, LLC
3211 Ponce de Leon Boulevard, Suite 200
Coral Gables, Florida 33134

December 1, 2015

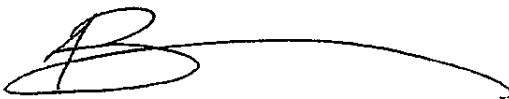
State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Basma Hameed Dermal Micro-Pigment Clinics, LLC
Document No. L15000144828

Dear Sir/Madam:

I authorize the use of the name "Basma Hameed Dermal Micro-Pigment Clinics" by Basma Hameed Dermal Micro-Pigment Clinic, Inc., a California corporation registering to do business in Florida, and by Basma Hameed Dermal Micro-Pigment Clinic, a Florida general partnership registering in Florida and qualifying as a limited liability partnership.

Very truly yours,



BESMA CHASIB,
Sole Member and Manager

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA