

**F1600000/741**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

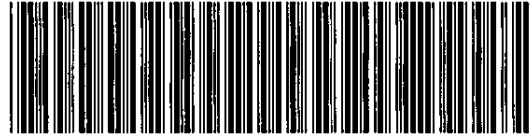
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

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**900281799779**

03/10/16--01019--016 \*\*78.75

FILED  
10 MAR 28 AM 9:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4/14/16 DS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 11, 2016

KFIR BOHBOT  
2775 NE 187TH ST APT. 327  
AVENTURA, FL 33180

SUBJECT: SLR FOR YOUR HAIR INC  
Ref. Number: W16000018317

2016 MAR 28 AM 11:49

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10 MAR 28 PM 9:34  
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TALLAHASSEE, FLORIDA

We have received your document for SLR FOR YOUR HAIR INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 616A00005057

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SLR FOR YOUR HAIR 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:

KFIR BOHBOT

Name of Person

SLR FOR YOUR HAIR INC

Firm/Company

2775 NE 187TH ST APT 327

Address

AVENTURA, FL 33180

City/State and Zip code

KFIRB18@WALLA.COM

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

For further information concerning this matter, please call:

KFIR BOHBOT

Name of Person

at (

Area Code

917-951-4887

Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

### MAILING ADDRESS:

Registration 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

10 MAR 28 AM 9:34  
SECRET  
TALLAHASSEE, FL 32301

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**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. SLR FOR YOUR HAIR, 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)

New Hampshire

47-1245052

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

3. (FEI number, if applicable)

07/02/2014

PERPETUAL

4. (Date of incorporation)

5. (Date of duration, if other than perpetual)

02/01/2016

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

12801 W SUNRISE BLVD. SUNRISE, FL 33323

7. (Principal office address)

2775 NE 187TH ST. APT 327 AVENTURA, FL 33180

(Current mailing address, if different)

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

Name: KFIR BOHBOT

Office Address: 2775 NE 187TH ST. APT 327

AVENTURA

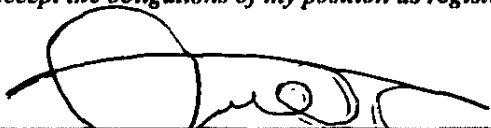
33180

(City)

(Zip code)

**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.*

X   
(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.

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

**A. DIRECTORS**

Chairman: KFIR BOHBOT  
Address: 2775 NE 187TH ST. APT 327  
AVENTURA, FL 33180

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.

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. ☒ Kfir Bohbot Chairman  
(Typed or printed name and capacity of person signing application)

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TU MAR 28 AM 9:34  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

# State of New Hampshire

## Department of State

### CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that SLR FOR YOUR HAIR, INC. is a New Hampshire corporation duly incorporated under the laws of the State of New Hampshire on June 20, 2014. I further certify that all fees and annual reports required by the Secretary of State's office have been received and that articles of dissolution have not been filed.



In TESTIMONY WHEREOF, I hereto  
set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 22<sup>nd</sup> day of February, A.D. 2016

A handwritten signature in black ink, appearing to read "William M. Gardner".

William M. Gardner  
Secretary of State

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