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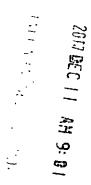
(Requestor's Name)
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(City/State/Zip/Phone #)
(engletates E.p.) Here my
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
105 Pg 2
Missing Pg2 W17-98683

Office Use Only



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17 0EC 22 PH 12: 50

O SIMMONS DEC 22 2017



December 13, 2017

JOANN GUSTAFSON 2 E MONTAUK HWY HAMPTON BAYS, NY 11946

SUBJECT: SALON EAST, INC. Ref. Number: W17000098683

We have received your document for SALON EAST, 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):

The attached form must be completed in order to file the document.

page 2 was not enclosed with application.,

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist II

Letter Number: 017A00025235

2017 DEC 22 AN II: 27

www.sunbiz.org

COVER LETTER

TO: Registration Se Division of Con			
SUBJECT: SQ	10n East, 1	NC	
	Name of corpora	tion - must include suffix	
Dear Sir or Madam:			
"Certificate of Existence	ion by Foreign Corporation e." or "Certificate of Good ! in corporation to transact bu	Standing" and check are sub	
Please return all corresp	oondence concerning this ma	atter to the following:	
Jo Ann	<u>Coustafson</u>		
	Name	of Person	
<u>Salon</u> E	ast, INC		
	Firm/C	Company	
2 E Mon			
Hampton	Baus, NY	11940 11940	
saloneas	15212 @ polin	te and Zip code MUM, NET red for future annual report i	notification)
For further information	concerning this matter, plea	ise call:	
Name of Perso	5†0-1500 at (<u>631</u> n Area (hone Number
Registration Se Division of Col Clifton Buildin 2661 Executive	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		ection orporations 7
Enclosed is a check for	the following amount:		
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

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. Salon	LEast, Inc			
(Enter name of a "Inc." "Co. " "C	corporation; must include "INC Corp," "Inc," "Co," or "Corp.")	ORPORATED." "CO	MPANY," "CORPORATION,"	•
	evip. me, eo, or corp.)			
Salo	n EAST NAM	Ole c		
(If name unavai	ilable in Florida, enter alternate	corporate name adonte	d for the number of transacting	bucinese in Florida
2. New Y	YOPK try under the law of which it is i	3	(FEI number, if appl)	:
	any amount the late of trincing to its	neonporateur,	(r isi number, ir appi	icaoic)
1. <u>01-0</u>	17-199 9 te of incorporation)	5		_
(Dat	e of incorporation)		(Date of duration, if other th	an perpetual)
i,				<u> </u>
	(Date first trans: (SEE SECTIONS 60)	acted business in Florio 7 1501 & 607 1502 F	la, if prior to registration) S., to determine penalty liability	A
2500				
	THONTAUK A	7101. /141	1 PTCW DHYS, N.	T. 11796_
CALLO	As Above.			
SHME	HOME.	(Current mailing addi	70,1100	
		(Current maning addi	ess, if different)	
Nome and atre	oot oddwaar of Clavida i.e.			
s. Ivame and <u>sire</u>	eet address of Florida register		NOT acceptable)	
Name:	JoAnn Gust	ARON		2
Office Address:	321 TURNBUR NAPIRS	y WAY		PHID SI
	Montes	/ /	CI. Was 24/11	
	(City)	 ,	(Zip code)	9
	· • • • • • • • • • • • • • • • • • • •		(b and)	
- Registered ac	ent's accentance:			

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.

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: JOANN GUSTATSON
Address: 50 SCWCd St
Hampton Bays, NY 11946
Vice Chairman: Paul Gustafson
Address: 50 SCN001 St
Hampton Bays, NY 11946
\mathcal{S}
Director:
Address:
Director:
Address:
B. OFFICERS President: JOANN Gustafson
President: JOANN GUSTAFSON .
Address: 50 School St
Hampton Bays, NY 11946
Vice President: Paul Gustafson
Address: 50 S(NO) St
Hampton Baus, NY 11946
Secretary: JOANN GUSTOFSON
Address: 50 School St Hampton Bays, NY 11946
Treasurer: JOANN ENSTATSON
Address: 50 school St Hampton Bays, NY 11946
NOTE: If necessary, you may attack an adderdum to the application listing additional officers and/or directors.
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. Johnn Gustafson
(Typed or printed name and capacity of person signing application)

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of SALON EAST, INC. was filed on 01/07/1999, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



非沙井

WITNESS my band and the official seal of the Department of State at the City of Albany, this 21st day of September two thousand and seventeen.

Brendan W. Fitzgerald

Executive Deputy Secretary of State