Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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Email Add	iress:		
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FOREIGN PROFIT/NONPROFIT CORPORATION

Glow Concept Inc.

REC	E	[]	VE	
SEP	0	6	2018	

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu Corporate Filing Menu

Help

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.

(Enter na	me of corporation; must include "INCORPORATED," "Co.," "Corp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
Delawar	unavailable în Florida, enter alternate corporate name adoj	pted for the purpose of transacting busi 35-2602322	ness in Florida)
2. (State of	country under the law of which it is incorporated)	(FEI number, if applicab	le)
July 27.	2017 Pe	rpetual	
4.	(Date of incorporation)	(Date of duration, if other than p	erpetual)
6.			
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502, v Street, Suite 202, New York, New York 10002	orida, if prior to registration) F.S., to determine penalty liability)	2018 SEC FALI
1	(Principal c	office address)	SEP -
	(Current mailing ac	ddress, if different)	SET OF A
8. Name a	nd street address of Florida registered agent: (P.O. B	Box <u>NOT</u> acceptable)	
No	C T Corporation System	_	8: 09 8: 09
Office Add	1200 South Pine Island Road	_	
	Plantation	, Florida	
	(City)	(Zip code)	
9. Register	red 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.

> T Comporation System Donna Peterson-Riggs, Asst. Secretary (Registered agent sudgnature)

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: Director: Natafie Mackey, 69 Ludlow Street, New York, NY 10002	
Address:	
Vice Chairman:	
Address:	
Address,	
Anu Duggal, 69 Ludlow Street, New York, NY 10002	
Director:	
Address:	
Robin Li, 69 Ludlow Street, New York, NY 10002	701 701
Director:	TES T
Address:	
	- SE & [
B. OFFICERS	E P
President:	F. S. 8.
69 Ludlow Street, Suite 202, New York, New York 10002	909
Address:	•
Vice President:	
Address:	
Nathan Newman	
Secretary:	
Address: 69 Ludlow Street, Suite 202, New York, New York 10002	
Treasurer: Chief Financial Officer: Eric Klaussman	
Address: 69 Ludlow Street, Suite 202, New York, New York, 10002	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and	d/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 officer of the officer or director signing this document (and who is listed in number 11 above) affirms that the officer or director signing this document (and who is listed in number 11 above) affirms that the officer or director or Officer or of the officer or director signing this document (and who is listed in number 11 above) affirms that the officer or director or officer or director or officer or director or officer or director signing this document (and who is listed in number 11 above) affirms that the officer or director or officer or di	he facts stated herein
are true and that he or she is aware that false information submitted in a document to the Departme	ent of State constitutes
a third degree felony as provided for in s.817.155, F.S.	
13. Nathan Newman COO, and Secretary (Typed or printed name and capacity of person signing application)	



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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GLOW CONCEPT 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 SIXTH DAY OF SEPTEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 203370353

Date: 09-06-18