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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

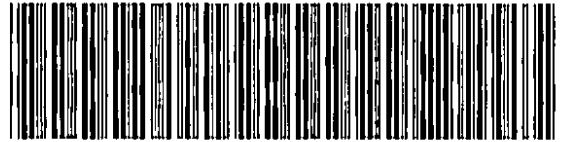
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2019 MAR 21 P 11:30  
ST. CLERK COUNTY  
TALLAHASSEE, FLORIDA

3/28/19 DS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MAZE BEAUTY SALON, 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:

YAKOV IBRAGIMOV

Name of Person	
MAZE BEAUTY SALON, INC.	
Firm/Company	
17555 Atlantic Blvd. TS02 1602,	
Address	
Sunny Isles Beach, FL 33160	
City/State and Zip code	
jphairsalon@gmail.com	
E-mail address: (to be used for future annual report notification)	

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Isak Masturov	917	992-4733
Name of Person	Area Code	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

**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.*

MAZE BEAUTY SALON, INC.

1. \_\_\_\_\_  
(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. New York 3. 13-3785971  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/01/1995 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. 17555 Atlantic Blvd, TS02 1602, Sunny Isles Beach, FL 33160  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

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


Name: YAKOV IBRAGIMOV

Office Address: 17555 Atlantic Blvd, TS02 1602

Sunny Isles Beach 33160  
\_\_\_\_\_, Florida  
(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.*

  
\_\_\_\_\_  
(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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CLERK OF DISTRICT COURT  
JANUARY 1995

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: YAKOV IBRAGIMOV

Address: 17555 Atlantic Blvd, TS02 1602, Sunny Isles Beach, FL 33160

Vice President: YAKOV IBRAGIMOV

Address: 17555 Atlantic Blvd, TS02 1602, Sunny Isles Beach, FL 33160

Secretary: YAKOV IBRAGIMOV

Address: 17555 Atlantic Blvd, TS02 1602, Sunny Isles Beach, FL 33160

Treasurer: YAKOV IBRAGIMOV

Address: 17555 Atlantic Blvd, TS02 1602, Sunny Isles Beach, FL 33160

**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. YAKOV IBRAGIMOV, as President

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

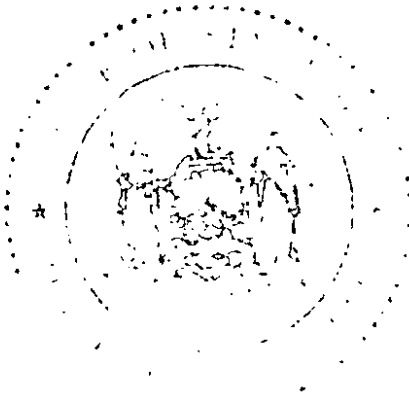
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2019 MAR 21 PM 3:31  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

State of New York  
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of MAZE BEAUTY SALON, INC. was filed on 09/14/1994, under the name of TAMARA & SON, INC., 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.

A Certificate of Amendment TAMARA & SON, INC., changing its name to MAZE BEAUTY SALON, INC., was filed 11/28/2001.

The Biennial Statement is past due.



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2019 MAR 21 PM 3:31  
TALLAHASSEE, FLORIDA

\*\*\*

WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 21st day of March two  
thousand and nineteen.

A handwritten signature in cursive script, reading "Whitney Clark".

Whitney Clark  
Deputy Secretary of State