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(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:						
W19006/07580 2nd 124.						
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COVER LETTER

то:	Registration Section Division of Corporation	s				
	Salon360 Inc.					
SUBJ	JECT:	NI	,			
		Name of corporat	ion - inus	a include suffix		
Dear S	Sir or Madam:					
"Certi	nclosed "Application by F ficate of Existence," or "C referenced foreign corpor	Certificate of Good S	Standing"	and check are subn		
	return all correspondence i Nezaj	concerning this ma	tter to the	e following:		
		Name	of Persoi	1		
Salon3	360 Inc.					
145 H	uguenot Street, STE 420	Firm/C	Company			
New R	tochelle, NY 10801	Ad	ldress			
info@:	rinus.com	City/Stat	e and Zip	code		
	E-ma	il address: (to be use	ed for fut	ure annual report no	otification)	
For fu	rther information concern	ing this matter, pleas	se call:			1. 2819 DEC
Roland Nezaj		718 at (70			ω
	Name of Person	Area C	Code	Daytime Te <u>le</u> pho	one Number	0 PH 2
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		2: 00
Enclos	sed is a check for the follo	wing amount:				
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee. Certificate of Status Certified Copy Certified Copy 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. Salon360 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) (State or country under the law of which it is incorporated) (FEI number, if applicable) 10/09/2019 (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 145 Huguenot Street, STE 420, New Rochelle, NY 10801 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc. Name: 7901 4th St N, STE 300 Office Address: St. Petersburg (City) 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: Vice Chairman: Address: Address: Director: __ **B. OFFICERS** Tanuj Bhatnagar President: 145 Huguenot Street, STE 420, New Rochelle, NY 10801 Address: ___ Mario Gutierrez Vice President: 145 Huguenot Street, STE 420, New Rochelle, NY 10801 Address: _____ Roland Nezaj Secretary: 145 Huguenot Street, STE 420, New Rochelle, NY 10801 Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director of 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. Roland Nezaj (Typed or printed name and capacity of person signing application)

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SALON360 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 TWENTY-THIRD DAY OF OCTOBER, A.D. 2019.

20 nec 30 Pii 2: 00



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SR# 20197677499

Authentication: 203848091

Date: 10-23-19

You may verify this certificate online at corp.delaware.gov/authver.shtml



December 12, 2019

ROLAND NEZAJ 145 HUGUENOT STREET, STE 420 NEW ROCHELLE, NY 10801

SUBJECT: SALON360 INC Ref. Number: W19000107580

We have received your document for SALON360 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 document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

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.

Sharon D Franklin Regulatory Specialist II

Letter Number: 919A00025278

RECEIVED