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WFO
115233



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TOLSON & ASSOCIATES

OCT 23 2020
TELEPHONE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MED-AESTHETIC MANAGEMENT GROUP, 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:

JOHN B. GALLAGHER, ESQ.

Name of Person

JOHN B. GALLGHER, PA

Firm/Company

2631 EAST OAKLAND PARK BOULEVARD, SUITE 201

Address

FORT LAUDERDALE, FLORIDA 33306

City/State and Zip code

AG@180MEDICALSPA.COM

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

For further information concerning this matter, please call:

ANTHONY GIORDANO

at (954) 806-0801

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount: _____

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|--|---|---|



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2020

JOHN B GALLAGHER
2631 E OAKLAND PARK BLVD STE 201
FT LAUDERDALE, FL 33306

SUBJECT: MED-AESTHETIC MANAGEMENT GROUP, INC.
Ref. Number: W20000115233

We have received your document for MED-AESTHETIC MANAGEMENT GROUP, 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):

Please give the title for Andrew Barnett.,

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 520A00019585

RECEIVED

OCT 22 2020

**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. MED-AESTHETIC MANAGEMENT GROUP, 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)

2. WYOMING 3. 84-5059896
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. MARCH 10, 2020 5. N/A
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 401 EAST LAS OLAS BOULEVARD, UNIT 130-356, FORT LAUDERDALE, FL 33301
(Principal office street address)

SAME
(Current mailing address, if different)

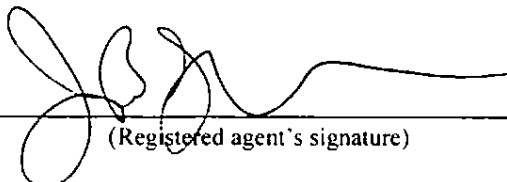
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: JOHN B GALLAGHER, PA

Office Address: 2631 EAST OAKLAND PARK BLVD, STE 201
FORT LAUDERDALE, Florida 33306
(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

FILED
2020 OCT 22 PM 3:03
CLERK OF THE COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
FORT LAUDERDALE, FLORIDA

A. DIRECTORS

☐ Chairman Name: ANTHONY GIORDANO
☐ Vice Chairman Address: 401 EAST LAS OLAS BLVD
☒ Director UNIT 130-356
☒ President FORT LAUDERDALE, FL 33301
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: CRAIG SIENEMA
☐ Vice Chairman Address: 401 EAST LAS OLAS BLVD
☒ Director UNIT 130-356
☐ President FORT LAUDERDALE, FL 33301
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

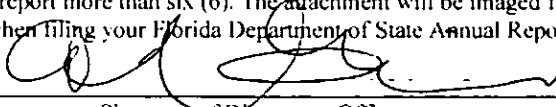
☐ Chairman Name: ANDREW BARNETT
☐ Vice Chairman Address: 401 EAST LAS OLAS BLVD
☒ Director UNIT 130-356
☐ President FORT LAUDERDALE, FL 33301
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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. ANTHONY GIORDANO, PRESIDENT
(Typed or printed name and capacity of person signing application)

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Med-Aesthetic Management Group, Inc.


is a
Profit Corporation

formed or qualified under the laws of Wyoming did on **March 10, 2020**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2020-000904893**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 17th day of September, 2020 at 2:10 PM. This certificate is assigned ID Number 039163029.




Secretary of State