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SECRE JARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: INDEVELOUS FRANCES, 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:
Throvative Fragrands, Inc.
210 Hickory Springs Inclustrial Dive
CINTAN, 6+ 30/15 City/State and/Zip code
E-mail address: (to be used for futury ahnual report notification)
For further information concerning this matter, please call:
MUSSY at (M) HT9-D574 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. \$\Begin{array}{c ccccccccccccccccccccccccccccccccccc

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 name of c	e Fragrances, Inc. corporation: must include "INCORPORATED." forp." "Inc." "Co." or "Corp.")	"COMPANY," "CORPORATION,"	.
	•		
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting	ousiness in Florida)
Georgia 3. 46-2384442			
(State or country under the law of which it is incorporated) 3. 46-2384442 (FEI number, if applicable)		cable)	
4. <u>pendina</u>	5.	(Date of duration, if other tha	
(Date		(Date of duration, if other than perpetual)	
6	(Date first transacted business in	Florida if prior to registration)	
	(SEE SECTIONS 607.1501 & 607.150	2. F.S., to determine penalty liability	
7. 210 H(KO	MSphnys Andustia 1	Drive Canton G	4 30115
		e <u>street</u> addrèss)	
	SUVU (Current mailing	address, if different)	
			. 2
8. Name and <u>stree</u>	et address of Florida registered agent: (P.O.	Box NOT acceptable)	SEC SEC
Name:	Registered Agents Inc.		至三
Office Address:	7901 4th St N STE 300		SSE AND IN
	St. Petersburg	. Florida 33702 (Zip code)	FILED 2022 JAN 19 PH 5: 34 SECRETARY OF STATE FALLANIA SSEE, FLORID
	(City)	(Zip code)	ORATE ORRES
	ent's acceptance:		इं
	ned as registered agent and to accept service application, I hereby accept the appointm		
further agree to c	omply with the provisions of all statutes re	lative to the proper and complete	
ana 1 am jamuuai	with and accept the obligations of my pos	шон их гедімегей адені.	
	Bel Hame		
-	(Registered agent's sig	nature)	

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.

A. DIRECTORS				
□Chairman	Name: DUPALY SYULA	☐ Chairman	Name:	
□Vice Chairman	Address: 210 HWOUS SPANS	□Vice Chairman	Address:	
□Director	Prolustral By	□Director		
President	Cantan 10A 30115	□President		
□ Vice President		□ Vice President		
□ Secretary	□Treasurer	□ Secretary		☐Treasurer
□Other		□Other		□Other
□Vice Chairman □Director	Names SAMPALMA SMAN Address: 210 Hickory Springs ANCLUSTURU Phra Untan, 6t 30115		Address:	
		□Vice President		
Secretary	□Treasurer	□ Secretary		□Treasurer
□Other	□Other	□Other		□ Other
	Name:Address:		Address:	
□President		□President		
		□ Vice President		
□Secretary	□Treasurer	□Secretary		□Treasurer
□Other		□Other		□Other
The officer or direct she is aware that fars.817.155, F.S.	Se an attachment to report more than six (o). The attachment to the index when filing your Florida Department Signature of Director of Signature of Director of the Signature of Director of the Department of the	nt of State Annual Re r Officer 11 above) affirms the ment of State constitu	at the facts stated the facts stated	I herein are true and that he or
13	ULLIAK SHAH (<u> i c s i clen</u>	<u> </u>	

Control Number: 13393812

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I. Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

> Innovative Fragrances, Inc. a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number : 22071558 Date Inc/Auth/Filed 03/08/2013 Jurisdiction : Georgia Print Date 1.1710/2021

Form Number · 211



Brad Raffonspage

Brad Raffensperger Secretary of State