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3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

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Name:	Rohrer Aes	sthetics, Inc.	
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Thank you!

COVER LETTER

TO: Registration Section Division of Corpor	rations		
SUBJECT: Rohrer As	sthetics, Inc.		
30001.C1;		on - must include suffix	
Dear Sir or Madam:			
	or "Certificate of Good Sta	or Authorization to Transact Bu anding" and check are submitte ness in Florida.	
Please return all correspond Lisa R. Samblanet -		er to the following:	
Ice Miller LLP	Name o	f Person	
250 West Street - Si	Firm/Co uite 700	mpany	
Columbus, OH 43215	Add	lress	
lisa.samblanet@icem		and Zip code	
	E-mail address: (to be used	l for future annual report notifi	cation)
For further information cor	ncerning this matter, please	call:	
Lisa R. Samblanet -		462.1045	
Name of Person	Area Co	de Daytime Telephone	Number
STREET/COURI Registration Section Division of Corpor The Centre of Talla 2415 N. Monroe S Tallahassee, FL 32	n ations thassee treet, Suite 810	MAILING ADDR Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	n rations
Enclosed is a check for the Please make check payable to □ \$70.00 Filing Fee	: FLORIDA DEPARTMEN		\$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. Rohrer Aesthetics, 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) Delaware 88-0585193 (State or country under the law of which it is incorporated) (FEI number, if applicable) 02/03/2022 perpetual (Date of duration, if other than perpetual) (Date of incorporation) n/a 6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 105 Citation Court, Homewood Alabama 35209 (Principal office street address) same (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address:

9. Registered agent's acceptance:

Plantation

(City)

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.

33324

(Zip code)

FL.

C T Corporation System
/s/Laura R. Broderick,
By: Laura R. Broderick, Assistant Secretary
(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]:

DocuSign Envelope ID. F876269F-3B04-41BA-B84B-CA24994AE1E2

A. DIRECTORS Mark Hauser		Michael Shein
☐Chairman Name: 445 Park Ave	□Chairman	Name: 445 Park Avenue - 17th
XiVice Chairman Address: Floor New York, NY 10022		_
XDirector	57.m.	New York, NY 10022
□President	□President	w
□Vice President	□Vice President	
☐ Secretary ☐ Treasure	er Secretary	□Treasurer
Authorized ★Other Officer □Other □	Other	□Other
Deepak Sethi		Norman 3. Wazaney
□Chairman Name:445 Park Avo	□Chairman enue – 17th	445 Park Avenue - 17t
□Vice Chairman Address: Floor New York, NY 10022	□ Vice Chairman	_=
XDirector	TO the	
□President	□ President	
□Vice President	□ Vice President	
Xi Secretary □ Treasure	er Secretary	Treasurer
□Other □Other _	□Other	Other
Mark Rohrer		
□Chairman Name:445 Park Ave	Chairman ⊇nue - 17th	Name:
□Vice Chairman Address: Floor New York, NY 10022		Address:
XIDirector	□Director	
□President	□President	
□Vice President	□Vice President	
□Secretary □Treasure	er Secretary	□Treasurer
□Other □Other _	□Other	Other
Important Notice: Use an attachment to report in individuals may be added to the index when filing the Mark Hauser	ng your Florida Department of State Annual R	deport form.
- SECCOSFOCIALAS	Signature of Director or Officer	
The officer or director signing this document (ar she is aware that false information submitted in s.817.155, F.S. Mark Hauser Authorized Office	a document to the Department of State constit	
13(Typed or printed to	ume and emacity of person signing application	n)

Page 1



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

DELAWARE, DO HEREBY CERTIFY "ROHRER AESTHETICS, 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-NINTH DAY OF MARCH, A.D.

2022.

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

Authentication: 203038400

Date: 03-29-22