F22000001908

(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:						
3.39.00						

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2022 MAR 29 AM 8: 44
SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Health and Beauty Cho.	ice Corporation			
		- must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Foreig "Certificate of Existence," or "Certificate of Existence," or "Certificate of Existence of the Existence o	ficate of Good Stan	ding" and check are sub-		
Please return all correspondence cor	ncerning this matter	to the following:		
George Sleeman				
- <u></u>	Name of	Person		
Tax Man To You, LLC				
	Firm/Com	pany		
5142 N. Academy Blvd. #154				
	Addre	ess		
Colorado Springs, CO 80918-4002				
	City/State a	nd Zip code		
salestax@taxmantoyou.com				
E-mail ad	ldress: (to be used f	or future annual report n	otification)	
For further information concerning t	his matter, please c	all:		
George Sleeman	at (⁷¹⁹) 646-2999 Daytime Telephone Number		
Name of Person	Arca Code	Daytime Teleph	none Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount:		Registration Son Division of Control P.O. Box 6327 Tallahassee, F	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
		OF STATE \$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.

an and a December	Choice Corporation	TON!		
(Genter pare of con	poration; must include "INCORPORATED, p," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,		
		does the surroge of transacting t	ousiness in Florida)	
(If name unavailab	le in Florida, enter alternate corporate name	; adopted for the purpose of a		
Delaware		86-3756989 (FEI number, if appli	(cable)	
(State or country	under the law of which it is incorporated)	*	Cabio,	
04/29/2021	5	Perpetual		
(Date o	f incorporation)	(Date of duration, if other tha	m perpennar)	
<u></u>				
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
175 SW 7th St ST	E 1712 MIAMI, FL 33130, USA			
175 3 W 7 L L L L L L L L L L L L L L L L L L	(Principal o	ffice street address)		
Calle Cometo 30	7°Dcha. 28004. Madrid. Spain			
CHIE SHEART 201	(Current mai	ling address, if different)		
Name and street	t address of Florida registered agent. (F	P.O. Box NOT acceptable)	202 1741	
Name:	Corporation Service Company		2022 HAR SECRETATALLAHA	\ <u>'</u>
	1201 Hays Street		129 FART	
Office Address:				
	Tallahassee	, Florida <u>32301</u>	Eng. A	
	Tallahassoc (City)	, Florida 32301 (Zip code)	AM 8: 1 OF STATE FLORE	
N. W. Jakanada and	(City)	(Zip code)	8: 41 STATE LORID	C
). Registered ag	(City) ent's acceptance: sed as registered agent and to accept se	(Zip code)	SIALE	place scity.
). Registered ag Having beeh nan designated in this	(City) ent's acceptance: sed as registered agent and to accept se	(Zip code)	SIALE	place scity.
designated in this	(City)	(Zip code) ervice of process for the above stated intment as registered agent and agrees relative to the proper and complete	SIALE	place scity.
designated in this further agree to c and I am familia	(City) ent's acceptance: ned as registered agent and to accept se application, I hereby accept the appointments with the provisions of all statute r with and accept the obligations of my	(Zip code) ervice of process for the above stated intment as registered agent and agrees relative to the proper and complete position as registered agent.	SIALE LE Corporation at the es to act in this cape the performance of the	place scity.
designated in this further agree to c and I am familia	ent's acceptance: sed as registered agent and to accept se application, I hereby accept the appoi	(Zip code) ervice of process for the above stated intment as registered agent and agrees relative to the proper and complete position as registered agent.	SIALE LE Corporation at the es to act in this cape the performance of the	place scity.

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:	□ Chairman	Name:			
□Vice Chairman	Address: Calle Sagasta 30, 7°Dcha.	□Vice Chairman	Address:			
Director	28004. Madrid. Spain	□Director				
■ President		□President				
□Vice President		□Vice President				
☐Secretary	Treasurer	Secretary	□Treasurer			
Other	Other	Other	Other			
□ Chairman	Name:	□ Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		Director				
□President		□President				
□Vice President		□Vice President				
Secretary	□Treasurer	☐ Secretary	□Treasurer			
Other	Other	Other	Other			
~			ي ريسيون المستنسب			
□ Chairman	Name:	☐ Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		Director				
□ President .		President				
□Vice President		□Vice President				
Secretary	Treasurer	Secretary	Treasurer			
□ Other	Other	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.

Page 1



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

DELAWARE, DO HEREBY CERTIFY "HEALTH AND BEAUTY CHOICE CORPORATION"

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 THIRTEENTH DAY OF DECEMBER,

A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HEALTH AND BEAUTY CHOICE CORPORATION" WAS INCORPORATED ON THE TWENTY-NINTH DAY OF APRIL, A.D. 2021.

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

at corp.delaware.gov/aut

Authentication: 204959848

Date: 12-13-21