## 122000002958

(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 C	Officer.			
W22-578011				

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RECEIVED

S. FRANKLIN MAY 1 3 2022

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 642417 7323654 AUTHORIZATION COST LIMIT ORDER DATE: April 27, 2022 ORDER TIME : 2:32 PM ORDER NO. : 642417-005 CUSTOMER NO: 7323654 FOREIGN FILINGS NAME: MCCALL & ALMY, INC. XXXX QUALIFICATION (TYPE: CO) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY \_ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Eyliena Baker -- EXT#

## 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.

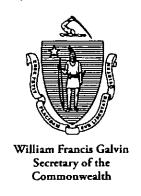
•	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting busines	ss in Florida)
2. Massachusetts	y under the law of which it is incorporated)		
4. February 9, 1990 S 5			<del></del>
			etual)
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 02, F.S., to determine penalty liability)	
7 225 Franklin Stre	et, 33rd Floor, Boston, MA 02110		20
	(Principal offic	e <u>street</u> address)	)/21
c/o Entity Manag	ement, 110 East 59th Street, 7th Floor, New Yo		
	(Current mailing	g address, if different)	2022 HAY 1-3
8. Name and stree	et address of Florida registered agent: (P.O. Corporation Service Company	Box NOT acceptable)	PH 1: 2
Office Address:	1201 Hays Street	<del></del>	Ü
Office Address:	Tallahassee	22201	
	Talianassee	, Florida 32301 (Zip code)	
	(City)	(Zip code)	
designated in this	ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointm comply with the provisions of all statutes red with and accept the obligations of my post	ent as registered agent and agree to act lative to the proper and complete perfor	in this capacity. I
and I am familiar	orporation Service Company y: (Registered agent's sig	as Rabay.	

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: Barry Gosin	□ Chairman	Name: MichaelRispoli			
□Vice Chairman	Address:	□Vice Chairman	Address:			
Director	New York, NY 10017	Director	New York, NY 10017			
□President	<u> </u>	□President				
□ Vice President		□Vice President				
☐ Secretary	☐Treasurer	☐ Secretary	Treasurer			
Other CEO	Other	Other	Other CFO			
□Chairman	James Kuhn Name:	□Chairman	Name:			
□Vice Chairman	Address: 125 Park Avenue	□Vice Chairman	Address: 500 W Monroe, 32nd Fl			
□Director	New York, NY 10017	□Director	Chicago, II. 60661			
President		□President				
□Vice President		□Vice President	2022			
☐ Secretary	Treasurer	■ Secretary	□Treasurer			
Other	Other	Other	■Other General Counsel			
			<del>-</del> -			
□ Chairman	Name:	☐ Chairman	Name: 2			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President	<del></del>			
□Vice President		□Vice President				
☐ Secretary	Treasurer	☐ Secretary	☐ Treasurer			
□0ther	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.						

13. Richard Maletsky, Secretary

(Typed or printed name and capacity of person signing application)



## The Gommonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

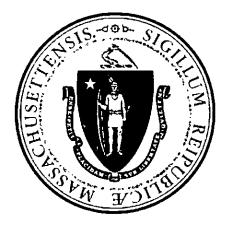
Date: May 02, 2022

To Whom It May Concern:

I hereby certify that according to the records of this office,

MCCALL & ALMY, INC.

Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation; dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

Francis Galelin

Certificate Number: 22040789220

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: NMa



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 4, 2022

CSC

SUBJECT: MCCALL & ALMY, INC.

Ref. Number: W22000057801

Please give original submission date as file date.

We have received your document for MCCALL & ALMY, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

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.

Consina Griffin-Greaux Regulatory Specialist II

Letter Number: 822A00010288