

F23000000301

Florida Department of State
Division of Corporations
Automated Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6333

From:
Account Name : Vcorp Services, LLC
Account Number : 120080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FOREIGN PROFIT/NONPROFIT CORPORATION

Salon Labs Inc.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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S. ROBERTS

JAN 19 2023

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. Salon Labs Inc.
(Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. Delaware 3. 92-1387733
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. December 14, 2022 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 301 Altara Avenue, Suite 834, Coral Gables, FL 33146
(Principal office street address)
- _____ (Current mailing address, if different)
8. Name and street address of Florida registered agent. (P.O. Box NOT acceptable)
 Name: Gianmarco Renzi
 Office Address: 301 Altara Avenue, Suite 834
Coral Gables, Florida 33146
 (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.

DocuSigned by

Gianmarco Renzi

CAEL22AD6626662

(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]

A. DIRECTORS

☒ Chairman Name Gianmarco Renzi
☐ Vice Chairman Address 301 Alhara Avenue
☒ Director Suite 834
☒ President Coral Gables, FL 33146
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

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

☐ Chairman Name James Millard
☐ Vice Chairman Address 14122 Nash Road
☒ Director Burton, OH 44021
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☒ Treasurer _____
☐ Other _____ ☐ Other _____

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

☐ Chairman Name Julien Ahnou
☐ Vice Chairman Address 12 Rue Du Gaillon
☒ Director 14000 Caen, France
☐ 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 Gianmarco Renzi
 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 Gianmarco Renzi
 (Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SALOU LABS 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 SEVENTEENTH DAY OF JANUARY, A.D. 2023.


AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SALOU LABS INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF DECEMBER, A.D. 2022.

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



7187768 8300

SR# 20230165222

You may verify this certificate online at corp.delaware.gov/authver.shtml
Jeffrey W. Bullock, Secretary of State

Authentication: 202513375

Date: 01-17-23