

F99000006272

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Barbara Salomone & Associates, 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", 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:

Adrienne Schatz
(Name of Person)

Barbara Salomone & Associates, Inc.
(Firm/Company)

4955 Northpark Drive
(Address)

Colorado Springs, CO 80918
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Adrienne Schatz at (719) 260-0297
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☒ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

October 20, 1999

ADRIENNE SCHATZ
4955 NORTHPARK DRIVE
COLORADO SPRINGS, CO 80918

SUBJECT: BARBARA SALOMONE & ASSOCIATES, INC.
Ref. Number: W99000024182

FILED
99 DEC - 6 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for BARBARA SALOMONE & ASSOCIATES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report and penalty fees is \$1150.00.

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The document must have original signatures.

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) 487-6020.

Tammi Cline
Document Specialist

Letter Number: 299A00050555



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

October 20, 1999

ADRIENNE SCHATZ
4955 NORTH PARK DRIVE
COLORADO SPRINGS, CO 80918

SUBJECT: BARBARA SALOMONE & ASSOCIATES, INC.
Ref. Number: W99000024182

PON

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

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Tammi Cline
Document Specialist

Letter Number: 299A00050555

November 4, 1999

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314
Attn: Ms. Tammi Cline

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RE: Barbara Salomone & Associates, Inc.
Ref. Number: W99000024182
Letter Number: 299A00050555

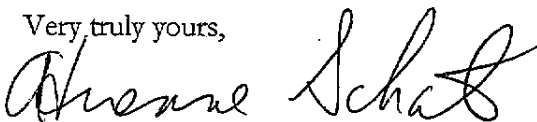
Dear Ms. Cline:

We are in receipt of your notice dated October 20, 1999 (Copy Enclosed). On the Application by a Foreign Corporation for Authorization to Transact Business in Florida, we mistakenly dated the date of first transacted business in Florida (Line 6) as November 11, 1998. The date of the first employee to begin work in Florida was November 11, 1998, but the first sales in Florida did not occur until May of 1999.

We hope that this additional information will allow you to reevaluate the penalty fees of \$1,000 stated in your notice. Please feel free to contact us directly regarding any additional information required to fairly and accurately calculate these fees.

Thank you in advance for your time and consideration.

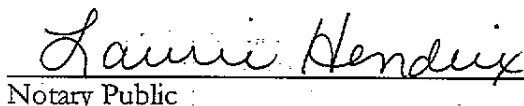
Very truly yours,



Adrienne Schatz
Treasurer/Controller

Sworn to before me and subscribed in my presence this 5th day of November, 1999.

(seal)


Notary Public

My commission expires
My Commission Expires
2/15/2000

**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. Barbara Salomone & Associates, Incorporated
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Illinois 3. 36-3515737
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/12/88 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist "perpetual")

6. November 11, 1988
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 4955 Northpark Drive
Colorado Springs, CO 80918
(Current mailing address)

8. Sale and Distribution of cosmetic products
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

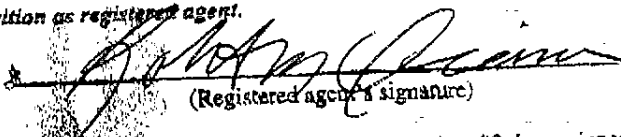
Name: Robert Diemer

Office Address: 4328 40th Street South

St. Petersburg, Florida, 33711
(Zip code)

10. 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.


(Registered agent's signature)

11. 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.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Barbara Salomone

Address: 1677 Elk Boulevard

Des Plaines, IL 60016

Vice President: Robert Schatz

Address: 4955 Northpark Drive

Colorado Springs, CO 80918

Secretary: Ross Salomone

Address: 1677 Elk Boulevard

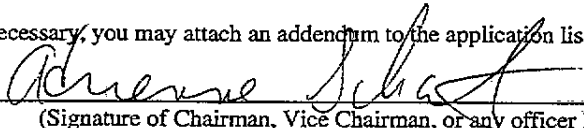
Des Plaines, IL 60016

Treasurer: Adrienne Schatz

Address: 4955 Northpark Drive

Colorado Springs, CO 80918

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

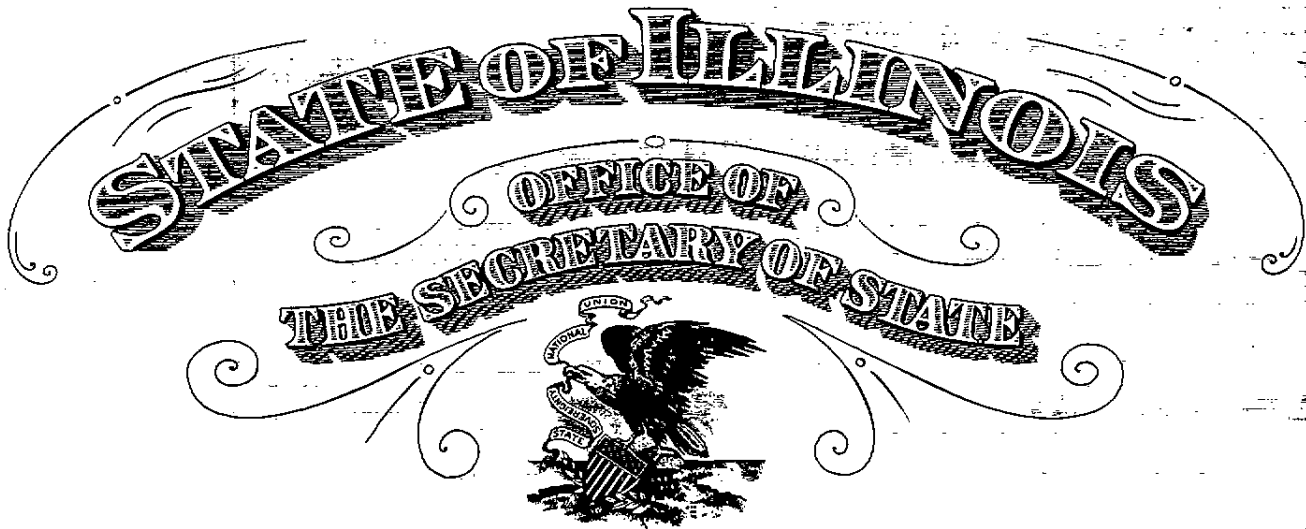
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Adrienne Schatz, Treasurer/Controller

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

File Number 5447-617-5



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

BARBARA SALOMONE & ASSOCIATES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE DECEMBER 12, 1986, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE FILING OF ANNUAL REPORTS AND PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS*****

In Testimony Whereof, I, hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 19TH *day of* NOVEMBER *A.D.* 1999



Jesse White

SECRETARY OF STATE