Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : EDWARDS & ANGELL Account Number : 075410001517

Phone : (561)833-7700

Fax Number : (561)655-8719

FOREIGN LIMITED LIABILITY COMPANY

HCFM, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155,00

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. HCFM, LLC. (Name of foreign limited liability company)	
2. Lielaware (Jurisdiction under the law of which foreign limited Inhibity company is organized)	3. <u>22-3839397</u> (FRI number, if applicable)
(Date of Organization)	5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
5. Upon filing. (Dete first mansacted business in Florida.) (SEE SEC	• •
. 1515 S. Federal Highway, Suite 401, Bo (Suca	oca Raton, Florida 33432 et address of principal offico)
3. If limited liability company is a manager-ma	maged company, check here .
hair Club for Men, Ltd., Inc., 1515 S.	ne managing members or managers are as follows: Federal Highway, Suite 401,
Boca Raton, Florida 33432	
ollicial having custody of records in the ju	nce, no more than 90 days old, duly authenticated by the risdiction under the law of which it is organized. if icate is in a foreign language, a translation of the t be submitted.
 Nature of business or purposes to be condu- act or activity for which limited liabili- not limited to hair replacement service 	cted or promoted in Florida: To engage in any lawfulty companies may be organized, including but cos.
Hair Club for	r Men, Ltd., Inc., sole member
(In accordance with section 60\$.0	r an authorized representative of a member. 48(3), F.S., the execution of this document constitutes ties of perjury that the facts stated herein are true.)
and the second s	VICE PRISIDENT & GONALD MANAGE

Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- The name of the limited liability company is HCFM, LLC.
- The name and the Florida street address of the registered agent and office are:

LUBA ZELDIS, GENERAL COUNSEL c/o HAIR CLUB FOR MEN, LTD., INC. 1515 S. FEDERAL HIGHWAY, SUITE 401 BOCA RATON, FLORIDA 33432

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided in Chapter 608.F.S..

LUBA ZELDIS

December 21, 2001

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State of Delaware

Office of the Secretary of State PAGE :

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HCFM, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF DECEMBER, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

SECRETARY OF STATE DIVISION OF CORPORATIONS



Warriet Smith Mindson, Secretary of State

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AUTHENTICATION: 1516132

DATE: 12-19-01

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