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B. BOSTICK
UUL 25 2011
EXAMINER

#### **COVER LETTER**

TO:

Registration Section

Division of Corporations			
SUBJECT: KERATIN LAGS E	DIERPRISES, LLC ne of Limited Liability Company		
Nail	ie of Limited Liability Company		
	ility Company for Authorization to Transact Business in Floriove referenced foreign limited liability company to transact be		
Please return all correspondence concerning this mat	tter to the following:		
Lloyo Howard			
/	Name of Person		
KERATU COMPLEX			
'	Firm/Company		
7700 Coloness A	VE STE 2201 Address		
	Address		
BOCA PATON, FL.	33487 City/State and Zip Code	_	
I howard @ Keratin	Complex, Com  be used for future annual report notification)	= 	percept
a man address. (ce		,	**************************************
For further information concerning this matter, please	e call:	1/3	
	<u> </u>	130	771
LLOWN HOWARD	at (561 ) 205-6050 70	新 ::	eratulinali "La sura
Name of Person	Area Code & Daytime Telephone Number	]: 20	
<b>MAILING ADDRESS:</b>	STREET ADDRESS:		
Division of Corporations	Division of Corporations		
Registration Section	Registration Section		
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle		
Tananassee, TE 32514	Tallahassee, FL 32301		
Enclosed is a check for the following amount \$125.00 Filing Fee Certificate of State	nt: : &   \$155.00 Filing Fee &   \$160.00 Filing Fee, Certi		

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

LIM	COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:  (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
cons	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written sent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability mpany," "L.L.C," "LLC.")
2. (J	DELAWARE  Jurisdiction under the law of which foreign limited liability ompany is organized)  3. 32-0346902  (FEI number, if applicable)
4	(Date of Organization)  5.   ERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual")
5. <sub>-</sub>	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7	PomPaNo Béach, FL. 33062 (Street Address of Principal Office)
8. ]	(Street Address of Principal Office)  If limited liability company is a manager-managed company, check here
	The name and usual business addresses of the managing members or managers are as follows:
,	LAWRENCE SOLOMAN 7700 CONGRESS AVE, #2201 BOCA PATON, FL. 33487  MELYNG. HOWARD 7700 CONGRESS AVE, #2201 BOCA PATON, FL. 33487  SHELLY BLOOM 7700 CONGRESS AVE #2201 BOCA PATON, FL. 33487
ı	MELYNG. HOWARD 7700 CONGRESS AVE. # 2201 BOCA RATION, FL. 33487
	SHELLY BLOOM 7700 CONGRESS AVE # 2201 BOCA PATON, FL. 33487
10. the june	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a slation of the certificate under oath of the translator must be submitted.)  Nature of business or purposes to be conducted or promoted in Florida:
-	Melyps Howard
	Signature of a member or an authorized representative of a member.  (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the
	penalties of perjury that the facts stated herein are true. I am aware that any 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.)

MELVYD G. Howard

Typed or printed name of signee

### 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.

1. The name of the Limited Liability Company is:	
KERATIN LABS ENTERPRISES, LLC	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	_
Lloys Howars (Name)	
FL City/State/Zip	

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 for in Chapter 608, Florida Statutes.

Signature)

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

## Delaware

PAGE 3

#### The First State

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

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF FORMATION OF "KERATIN LABS

ENTERPRISES, LLC", FILED IN THIS OFFICE ON THE TWENTIETH DAY OF

JUNE, A.D. 2011, AT 6:23 O'CLOCK P.M.

11 JUL 22 AM 12: 20
SLUKE RICE OF STATE
TALLAHASSEE, FLORIDA

4999519 8100

110742281

AUTHENTICATION: 8851003

DATE: 06-21-11

You may verify this certificate online at corp. delaware.gov/authver.shtml

State of Delaware Secretary of State Division of Corporations Delivered 06:54 PM 06/20/2011 FILED 06:23 PM 06/20/2011 SRV 110742281 - 4999519 FILE

LI# 32-0346902

## CERTIFICATE OF FORMATION OF KERATIN LABS ENTERPRISES, LLC

This Certificate of Formation is being executed by the undersigned for the purpose of forming a limited liability company pursuant to the Delaware Limited Liability Company Act.

- 1. The name of the limited liability company is Keratin Labs Enterprises, LLC.
- 2. The address of the registered office of the limited liability company in the State of Delaware is Corporation Trust Center, 1209 Orange Street, in the City of Wilmington, County of New Castle. The name of the registered agent of the limited liability company is The Corporation Trust Company.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation on this June 20, 2011.

Boverly J. Schneider, Authorized Person

IN JUL 22 AM 12: 20