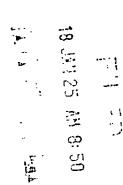
1180000000003

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(0.1) 0.000 2,21 1.000 2,7
PICK-UP WAIT MAIL
(Durings Entire Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Officer.
file Second

Office Use Only



800308354198



IN JAN 25 PH III

O SHELLOWICE

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 032430 8114772 AUTHORIZATION : COST LIMIT : ORDER DATE: January 19, 2018 ORDER TIME : 11:14 AM ORDER NO. : 032430-040 CUSTOMER NO: 8114772 FOREIGN FILINGS NAME: FULLBEAUTY BRANDS OPERATIONS LLCXXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY

EXAMINER:

___ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

COVER LETTER

TO: Registration Section

Div	ision of Corporatio	ens				
SUBJECT:	FULLBEAUTY B	RANDS OPERATIONS, LL	С			
		Name of	Limited Liability (Company	·····	
The enclosed Existence, ar	d "Application by Fo and check are submitted	reign Limited Liability Com ed to register the above refer	pany for Authoriza enced foreign limit	ition to Tr ted liabilit	ansact Business in Florida," Certificate y company to transact business in Florid	of la.
Please return	all correspondence	concerning this matter to the	following:			
	Joshua A. McI	Parland				
		N	ame of Person			of da.
	FullBeauty Br	ands				
		F	irm/Company			
	2300 Southeas	tem Avenue				
	 	 ,	Address			
	Indianapolis, I	ndiana 46201				
		City/S	tate and Zip Code			
	jmcfarland@fbb	rands.com				
		E-mail address: (to be used	for future annual	report not	tification)	
For further in	formation concerning	g this matter, please call:				
Josl	nua A. McFarland		317 at (266-37	60	
	Name o	of Contact Person	Area Code	Day	time Telephone Number	
Divi R c g P.O.	ILING ADDRESS: sion of Corporations istration Section Box 6327 ahassec, FL 32314	s		Division Registrati Clifton B 2661 Exe	of Corporations ion Section uilding coutive Center Circle ee, FL 32301	
	check for the follow 125.00 Filing Fee	ring amount: \$\Bigcup \frac{1}{2} 1	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	

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

IN COMPLIANCE WITH SECTION (05.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	NDS OPERATIONS, LLC Limited Etability Company; must include "Limited	Liability Company," "L.L.C.," or "LLC."	
Ç 3		,	
	ame adopted for the purpose of transacting business in Flori	da. The alternate name must include "Limsted Lia	hility Company," "L.i.C," or "Li.C.")
Indiana		3. 35-1895382	•
(Jurisdiction under the law of w	nch foreign limited liability company is organized)	(FEI swift	per, if applicable)
12/29/2017			
	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605 0905, F.S. to determine		·····
2300 Southeastern Av	enue	6. 2300 Southeastern Avenue	:
(Street Address of I	rincipal Office)	(Mailing Add	
Indianapolis, IN 46201		Indianapolis, IN 46201	<u> </u>
		 	
			11 11 11 11
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	T : U
Name:	Corporation Service Company		77
raine,			سر co
Office Address:	1201 Hays Street		ن
	Tallahassee	, Florida 32301	
	(City)	(Zip cod	t)
	ons of all statutes relative to the proper a s of my position as registered agent. Composition Service Company	and complete performance of my	Roxanne Turne
	s of my position as registered agent.	2	duties, and I am familiar wi Roxanne Turne Asst. Vice Presid
nd accept the obligation: The name, title or cape	Corporation as registered agent. Corporation Service Company (Registered agent's significative and address of the person(s) who has	have authority to manage is/are:	Roxanne Turne
The name, title or capa	Corporation as registered agent. Corporation Service Company By: (Registered agent's signification and address of the person(s) who has Name and Address:	guature)	Roxanne Turne Asst. Vice Presid
nd accept the obligation: The name, title or cape	Corporation as registered agent. Corporation Service Company By: (Registered agent's signification and address of the person(s) who has Name and Address: Emilie Arel	have authority to manage is/are:	Roxanne Turne Asst. Vice Presid
The name, title or capa	Corporation as registered agent. Corporation Service Company By: (Registered agent's signification and address of the person(s) who has Name and Address:	have authority to manage is/are:	Roxanne Turne Asst. Vice Presid
The name, title or cape Title or Capacity: President	Corporation as registered agent. Corporation Service Company By: (Registered agent's signification and address of the person(s) who has Name and Address: Emilie Arel 2300 Southeastern Avenue Indianapolis, IN 46201	have authority to manage is/are:	Roxanne Turne Asst. Vice Presid
The name, title or capa	Registered agent. Corporation Service Company By: (Registered agent's signification and address of the person(s) who has Name and Address: Emilie Arel 2300 Southeastern Avenue Indianapolis, IN 46201 Marc S. Goldfarb	have authority to manage is/are:	Roxanne Turne Asst. Vice Presid
The name, title or cape Title or Capacity: President	Corporation as registered agent. Corporation Service Company By: (Registered agent's signification and address of the person(s) who has Name and Address: Emilie Arel 2300 Southeastern Avenue Indianapolis, IN 46201	have authority to manage is/are:	Roxanne Turne Asst. Vice Presid
The name, title or capa Title or Capacity: President Secretary	Registered agent. Corporation Service Company By: (Registered agent's signification and address of the person(s) who has Name and Address: Emilie Arel 2300 Southeastern Avenue Indianapolis, IN 46201 Marc S. Goldfarb 2300 Southeastern Avenue Indianapolis, IN 46201	have authority to manage is/are:	Roxanne Turne Asst. Vice Presid
The name, title or capa Title or Capacity: President Secretary	Registered agent. Corporation Service Company By: (Registered agent's signification of the person(s) who has Name and Address: Emilie Arel 2300 Southeastern Avenue Indianapolis, IN 46201 Marc S. Goldfarb 2300 Southeastern Avenue Indianapolis, IN 46201	/have authority to manage is/are: Title or Capacity:	Roxanne Turne Asst. Vice Presid
The name, title or capa Title or Capacity: President Secretary Jse attachments if necess Attached is a certificate	Registered agent. Corporation Service Company By: (Registered agent's signification Service Company (Registered agent's signification Service Com	/have authority to manage is/are: Title or Capacity:	Roxanne Turne Asst. Vice Presid Name and Address: ving custody of records in th
The name, title or capa Title or Capacity: President Secretary Use attachments if necess Attached is a certificate risdiction under the law of	Registered agent. Corporation Service Company By: (Registered agent's significate and address of the person(s) who has name and Address: Emilie Arel 2300 Southeastern Avenue Indianapolis, IN 46201 Mare S. Goldfarb 2300 Southeastern Avenue Indianapolis, IN 46201 sary) of existence, no more than 90 days old, drof which it is organized. (If the certificate	/have authority to manage is/are: Title or Capacity:	Roxanne Turne Asst. Vice Preside Name and Address: ving custody of records in the
The name, title or capa Title or Capacity: President Secretary Use attachments if necess Attached is a certificate risdiction under the law of the translator must be su	Registered agent. Corporation Service Company By: (Registered agent's significate and address of the person(s) who has Name and Address: Emilie Arel 2300 Southeastern Avenue Indianapolis, IN 46201 Marc S. Goldfarb 2300 Southeastern Avenue Indianapolis, IN 46201 sary) of existence, no more than 90 days old, drof which it is organized. (If the certificate abmitted)	/have authority to manage is/are: Title or Capacity: uly authenticated by the official ha is in a foreign language, a translati	Roxanne Turne Asst. Vice Preside Name and Address: ving custody of records in the certificate under or
The name, title or capa Title or Capacity: President Secretary Use attachments if necess Attached is a certificate risdiction under the law of the translator must be such. This document is executed.	Registered agent. Corporation Service Company By: (Registered agent's significate and address of the person(s) who has name and Address: Emilie Arel 2300 Southeastern Avenue Indianapolis, IN 46201 Marc S. Goldfarb 2300 Southeastern Avenue Indianapolis, IN 46201 sary) of existence, no more than 90 days old, drof which it is organized. (If the certificate abmitted) sated in accordance with section 605.0203 (whave authority to manage is/are: Title or Capacity: uly authenticated by the official ha is in a foreign language, a translati	Roxanne Turne Asst. Vice Presid Name and Address: ving custody of records in the ion of the certificate under oach and that any false information
The name, title or capa Title or Capacity: President Secretary Use attachments if necess Attached is a certificate risdiction under the law of the translator must be such. This document is executed.	Registered agent. Corporation Service Company By: (Registered agent's significate and address of the person(s) who has Name and Address: Emilie Arel 2300 Southeastern Avenue Indianapolis, IN 46201 Marc S. Goldfarb 2300 Southeastern Avenue Indianapolis, IN 46201 sary) of existence, no more than 90 days old, drof which it is organized. (If the certificate abmitted)	whave authority to manage is/are: Title or Capacity: uly authenticated by the official ha is in a foreign language, a translati	Roxanne Turne Asst. Vice Presid Name and Address: ving custody of records in the ion of the certificate under oach and that any false information
The name, title or capa Title or Capacity: President Secretary Use attachments if necess Attached is a certificate risdiction under the law of the translator must be such. This document is executed.	Registered agent. Corporation Service Company By: (Registered agent's significate and address of the person(s) who has Name and Address: Emilie Arel 2300 Southeastern Avenue Indianapolis, IN 46201 Marc S. Goldfarb 2300 Southeastern Avenue Indianapolis, IN 46201 sary) of existence, no more than 90 days old, drof which it is organized. (If the certificate abmitted) ated in accordance with section 605.0203 (the Department of State constitutes a third	whave authority to manage is/are: Title or Capacity: uly authenticated by the official ha is in a foreign language, a translation of the company of the co	Roxanne Turne Asst. Vice President Name and Address: ving custody of records in the certificate under oach and the certifi
The name, title or capa Title or Capacity: President Secretary Use attachments if necess Attached is a certificate risdiction under the law of the translator must be such. This document is executed.	Registered agent. Corporation Service Company By: (Registered agent's significate and address of the person(s) who has Name and Address: Emilie Arel 2300 Southeastern Avenue Indianapolis, IN 46201 Marc S. Goldfarb 2300 Southeastern Avenue Indianapolis, IN 46201 sary) of existence, no more than 90 days old, drof which it is organized. (If the certificate abmitted) ated in accordance with section 605.0203 (the Department of State constitutes a third	whave authority to manage is/are: Title or Capacity: uly authenticated by the official ha is in a foreign language, a translati	Roxanne Turne Asst. Vice President Name and Address: ving custody of records in the certificate under oach and the certifi
The name, title or capa Title or Capacity: President Secretary Use attachments if necess Attached is a certificate risdiction under the law of the translator must be such. This document is executed.	Registered agent. Corporation Service Company By: (Registered agent's significate and address of the person(s) who has Name and Address: Emilie Arel 2300 Southeastern Avenue Indianapolis, IN 46201 Marc S. Goldfarb 2300 Southeastern Avenue Indianapolis, IN 46201 sary) of existence, no more than 90 days old, drof which it is organized. (If the certificate abmitted) ated in accordance with section 605.0203 (the Department of State constitutes a third	whave authority to manage is/are: Title or Capacity: uly authenticated by the official ha is in a foreign language, a translation of the company of the co	Roxanne Turne Asst. Vice President Name and Address: ving custody of records in the certificate under oach and the certifi

State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

FULLBEAUTY BRANDS OPERATIONS, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on August 30, 1993, and was in existence or authorized to transact business in the State of Indiana on January 22, 2018.

I further certifiy this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, January 22, 2018

Corrie Lauron

CONNIE LAWSON
SECRETARY OF STATE

201712291228794 / 2018508745 Verify this certificate:https://bsd.sos.in.gov/ValidateCertificate