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(Address)

(City/State/Zip/Phone #)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

S4 Hair Technologies, LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Stephen Ziskind

Name of Person

S4 Hair Technologies, LLC

Firm/Company

200 South Bridge Street

Address

Elkton, MD 21921

City/State and Zip Code

CHitchcock@advisoryboardinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edward H Knudsen

917

520-6268

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Registration Section

Division of Corporations

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. S4 Hair Technologies, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

S4 Hair Tech, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 85-1461003

(FEI number, if applicable)

4. 6/23/2020

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. ~~531 SW 18th Ave~~ 531 SW 18th Ave Unit 46

(Street Address of Principal Office)

6. 200 South Bridge Street

(Mailing Address)

Fort Lauderdale, FL 33312

Elkton, MD 21921

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Terri Wescott

Office Address: 1128 Royal Palm Beach Blvd Number 166

Royal Palm Beach, FL 33411
(City) , Florida (Zip code)

Registered agent's acceptance:

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 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)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☐ Manager Name: Edward H Knudsen

☒ Member Address: 200 West 79th St

☐ Authorized Apt PHRS

Person New York, NY 10024

☐ Other _____ ☐ Other _____

☐ Manager Name: Stephen Ziskind

☒ Member Address: 200 South Bridge Street

☐ Authorized Elkton, MD 21921

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Phillip Felstead

☒ Member Address: 701 SW 27th Place

☐ Authorized Boynton Beach, FL 33436

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Christina Hitchcock

☐ Member Address: 531 SW 18th Ave, Unit 46

☒ Authorized Fort Lauderdale, FL 33312

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

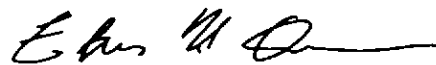
Person _____

☐ 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.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.



Signature of an authorized person

Edward H Knudsen

Typed or printed name of signee

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "S4 HAIR TECHNOLOGIES, 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 TWENTY-THIRD DAY OF JUNE, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "S4 HAIR TECHNOLOGIES, LLC" WAS FORMED ON THE ELEVENTH DAY OF JUNE, A.D. 2020.

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

2020 JUN 23 PM 2:10




Jeffrey W. Bullock, Secretary of State

3051754 8300

SR# 20205861579

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

Authentication: 203160818

Date: 06-23-20