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*COVER LETTER

10:	Division of Corporations				
SUBJ	ECT:	URYSHINE F	BEAUTY EXPERTS INC.		
		corporation -	- must include suffix		
Dear S	ir or Madam:				
"Certif	closed "Application by Foreign Corp icate of Existence," or "Certificate of referenced foreign corporation to tra-	f Good Stand	ling" and check are subr		
Please	return all correspondence concerning	g this matter	to the following:		
		MIRANDA W	VALKER		
		Name of P	Person		
					<u></u> 5
	•	Firm/Comp	pany		
	12157 (OLONY PRE	SERVE DR		***************************************
	· · · · · · · · · · · · · · · · · · ·	Addres	SS		· ·
	ВОУ	'NTON BEAC	III, FL 33436		· -
		City/State an	id Zip code	·	7.718.1
	corpm	irandawalker@	gmail.com		
	E-mail address:	(to be used fo	or future annual report n	otification)	
For fur	ther information concerning this ma	tter, please ca	all:		
MIRA	NDA WALKER	WALKER at () 492-5248			
	Name of Person	Area Code		ione Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please i	ed is a check for the following amount make check payable to: FLORIDA DEI 0.00 Filing Fee S78.75 Filing Certificate of	PARTMENT Fee & 🗆	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Certificate of Certified Co	of Status &

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.

(If name unavail	able in Florida, enter alternate corporate name a	adopted for the purpose of transacting bus	siness in Florida)	
HAWAII	3	8-3224899		
(State or countr 09/08/2020	WAII ate or country under the law of which it is incorporated) 88-3224899 (FEI number, if applied to the properties of the properties o			
(Date	of incorporation)	(Date of duration, if other than p	(Date of duration, if other than perpetual)	
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty liability)		
	12157 COLONY PRESERVE	DR BOYNTON BEACH, FL 33436		
1	(Principal offic	ce <u>street</u> address)		
	(Current mailin	g address, if different)		
			•	
Name and stree	et address of Florida registered agent; (P.O	. Box <u>NOT</u> acceptable)	* .	
Name:	MIRANDA WALKER		•	
fice Address:	12157 COLONY PRESERVE DR		7 5	
	BOYNTON BEACH	, Florida ³³⁴³⁶	••	
	(City)	(Zip code)		

9. 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)

10. 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.

A. DIRECTORS Name: MIRANDA WALKER JOSEPH WALKER ☐ Chairman ☐Chairman 12157 COLONY ☐ Vice Chairman □Vice Chairman Address: Address: 12157 COLONY PRESERVE DR PRESERVE DR □ Director ■ Director BOYNTON BEACH, FL 33436 BOYNTON BEACH, FL 33436 President □President □Vice President ■ Vice President □Secretary ■ Treasurer ☐ Secretary ☐ Treasurer □Other _____ □Other _____ □Other _____ □Other _____ □Chairman □Chairman Name: Name: _____ □Vice Chairman Address: ______ □Vice Chairman Address: _____ □Director □Director □President □President □Vice President _____ □Vice President □ Secretary □Treasurer ☐ Secretary □Treasurer □Other __ □Other □Other _____ □ Chairman Name: _____ □ Chairman Name: ______ □Vice Chairman Address; □Vice Chairman Address: □Director □Director □President □President □Vice President □Vice President □ Secretary ☐Treasurer □ Secretary □Treasurer □Other _____ ☐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. Signature of Director or Officer

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

MIRANDA WALKER

s.817.155, F.S.

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in

PRESIDENT



Department of Commerce and Consumer Affairs

CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that according to the records of this Department,

CENTURYSHINE BEAUTY EXPERTS INC.

was incorporated under the laws of Hawaii on 09/08/2020; and that it is an existing corporation in good standing, and is duly authorized to transact business.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: July 13, 2022

Cather. awal Cal

Director of Commerce and Consumer Affairs