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| (Re | equestor's Name) | |
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| (Ac | ldress) | |
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| (Cir | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | rsiness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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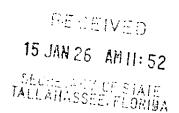
COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

| SUBJECT: | KERATINX | PERTS IN | | | |
|----------------------|--|---------------------------------------|--|--|--|
| | (PROPOSED CORPORA | ΓΕ NAME – <u>MUST INCL</u> | UDE SUFFIX) | | |
| Enclosed are an orig | ginal and one (1) copy of the artic | cles of incorporation and | l a check for: | | |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | □ \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate of Status | | |
| | | ADDITIONAL COPY REQUIRED | | | |
| FROM: | | (Printed or typed) | | | |
| | | DERAL H | 104 | | |
| | BOCA RAY | ddress FL | 33432 | | |
| | 561-416 | State & Zip - <i>2000</i> | | | |
| | Daytime Te | Plephone number | AC. COM | | |
| | E-mail address: (to be used | for future annual report | notification) | | |

NOTE: Please provide the original and one copy of the articles.





January 15, 2015

CARLOS M PINA 40 NORTH FEDERAL HWY BOCA RATON, FL 33432

SUBJECT: KERATIN XPERTS Ref. Number: W15000002881

We have received your document for KERATIN XPERTS and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 215A00000852

Jessica A Fason Regulatory Specialist II

www.sunbiz.org

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| CLE II PRI | NCIPAL OFFICE | | | | |
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| CLE II 1 KI | Principal street address, | / | | Mailing address, if d | ifferent is: |
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| <u>CLE III PUR</u> | POSE | | <u></u> | Color | |
| rpose for which t | he corporation is organiz | zed is: | TAUTY O | HUN | *** |
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