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COVER LETTER

TO: Registration Section Division of Corporations

COSMOAESTHETICS PTY LTD

SUBJECT: (Name of Alien Business Organization, Financial Institution, or Telehealth Provider)

Dear Sir or Madam:

The enclosed Designation of Registered Agent and Registered Office for Alien Business Organization, Financial Institution, or Telehealth Provider and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Quatrini

(Name of Person)

Capital Q Ventures Inc.

(Firm/Company)

100 E Faith Terrace, Suite 1016

Maitland/FL 32751

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Quatrini

at (Area Code & Daytime Telephone Number)

(Name of Person)

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:

□ \$35.00 Filing Fee

■ \$43.75 Filing Fee & Certified Copy

REGISTERED AGENT & OFFICE FOR ALIEN BUSINESS ORGANIZATION, FINANCIAL INSTITUTION, OR TELEHEALTH PROVIDER

PURSUANT TO SECTION 607.0505, 655.0201. OR 456.47(4)(b), FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION, FINANCIAL INSTITUTION OR TELEHEALTH PROVIDER SUBMITS THE FOLLOWING STATEMENT IN ORDER TO DESIGNATE ITS REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA:

1. COSMOAESTHETIC			_
Kew, Victoria, Austral	ien business organization, linancial insl ia	mulion or leienealin provider)	
(State or country under which	entity is organized)	(FEI Number, if applicable)	_
181 High Street, Kew	VIC 3101, Australia		
T	(Principal office addres	is)	
5. Name and Florida Street addres	ss of registered agent. pital Q Ventures II	nc.	. 2
100	E Faith Terrace, Suite	1016	AP 2022 SEP
Ma	aitland, FL 32751		APP SEP -
6. The street address of the registe are identical. 7.	(Signature of chairman, vice chairm	of the business office of the registered a	ROVED AND ILED 6 PHIZ: 32
0	zadeh (a/k/a Dr. Mathew Ja (Name and capacity of person signing in	afarzadeh), Founder & Chairmar n number 7 above)	- N
9. Signature of registered agent: 1 hereby accept the appointment 607.0505, 655.0201, or 456.47(4)		iliar with and accept the obligations of	— of section
Michael Quatrini (Registered agent accepting ag	pointment)	08/22/22	

THE FILING OF THIS FORM WITH THE FLORIDA DEPARTMENT OF STATE DOES NOT AUTHORIZE THE ABOVE REFERENCED ENTITY OR PROVIDER TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

FILING FEE \$35

Make checks payable to Florida Department of State and mail to: Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

INHS80 (4/20)