DOC ID ----> 201611901006

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
04/29/2016	201611901006	TRADE NAME REGISTRATION (RNO)	39.00	0.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

TRUSTED COUNSEL
1201 PEACHTREE ST NE
SUITE 500
ATLANTA, GA 30361

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted
3897032

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

SUNLESS

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
TRADE NAME REGISTRATION	**201611901006**

Effective Date: 04/28/2016

Date of First Use: 08/27/2010

Expiration Date: 04/28/2021

SUNLESS, INC.
8909 SOUTH FREEWAY DRIVE
MACEDONIA, OH 44056

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 29th day of April, A.D. 2016.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201611901006

Form 534A Prescribed by:
JON HUSTED
Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

Date Electronically Filed: 4/28/2016

Name Registration

Filing Fee: $39

CHECK ONLY ONE (1) Box

☒ Trade Name
(167-RNO)

Date of first use: 8/27/2010
MM/DD/YYYY

☐ Fictitious Name
(169-NFO)

SUNLESS
Name being Registered or Reported

SUNLESS, INC.
Name of the Registrant

Note: If the registrant is a partnership, please provide the name of the partnership. Individual partner names are not permitted but are required on page 2 of the form.

Registrant's Entity Number (if registered with Ohio Secretary of State): 1856166

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

sunless tanning skin care products with automated spray tanning booths, professional spray tan solutions and premium home-use beauty products.

Business address:

8909 SOUTH FREEWAY DRIVE
Mailing Address

MACEDONIA
City

OH
State

44056
ZIP Code

DOC ID ----> 201611901006

Complete the information in this section if registrant is a partnership NOT registered in Ohio pursuant to ORC 1776, if partnership is registered, provide registration number on page one.

Provide the name and address of at least one general partner:

Name	Address

NOTE: Pursuant to OAG 89-081, if a general partner is a foreign corporation/limited liability company, it must be licensed to transact business in Ohio; if a general partner is a foreign corporation/limited liability company licensed in Ohio under an assumed name, please provide the assumed name and the name as registered in its jurisdiction of formation.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required
Application must be signed by the registrant or an authorized representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

JENNI FERGUSON
Signature

By (if applicable)

Print Name

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

DOC ID ----> 201611901006

Form 590 Prescribed by:
JON HUSTED
OHIO SECRETARY OF STATE
Toll Free: (877) SOS-FILE (877-767-3453)
Central Ohio: (614) 466-3910
www.OhioSecretaryofState.gov
busserv@OhioSecretaryofState.gov
File online or for more information: www.OHBusinessCentral.com

Consent for Use of Similar Name

(To be filed with new business formation document or amendment to change business name where a name conflict will occur.)

Name of Entity/Individual Giving Consent: Sunless, Inc.

Charter/Registration/License Number of Entity giving Consent: 1856166

Gives it Consent To: Sunless, Inc.

To Use The Name: Sunless

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

REQUIRED
Consent form must be signed by an authorized representative of the consenting entitiy.

Jenni Ferguson
Signature

By (if applicable)

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

Jenni Ferguson
Print Name

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Signature

By (if applicable)

Print Name