

New Jersey Division of Revenue & Enterprise Services
REGISTRATION OF ALTERNATE NAME

To file electronically:

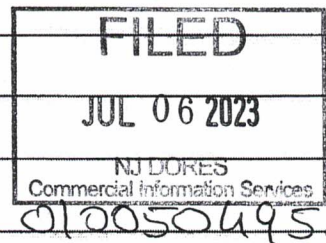
1. Enter the information requested below and sign by typing your name in the signature field. The form can only be filled in using the free Adobe Acrobat Reader 9.1 or greater. (See the pages following this form for field by field instructions, and notes on delivery and processing of work requests.)
2. Click the "Add Attachments" button to add attachments if required (Check the field by field instructions to see if you must include an attachment(s)).
3. After the form has been filled in properly, please save a copy to your computer so that you can upload the form to the State of New Jersey Division of Revenue & Enterprise Services Central Forms Repository Web application by following the instructions in the next step.
4. Click the "Open the Central Forms Repository Home Page to start the Form Submission Process" button at the bottom of the form. (This action will launch the State of New Jersey Division of Revenue & Enterprise Services Central Forms Repository Web application. If you have not created an account in the application, you will need to do so before using the online Web application. Once your account is created, please login to the application and follow the instructions for submitting your form and payment online.)

Check Appropriate Statute:

- Title 14A:2-2.1 (2) New Jersey Business Corporation Act Title 42:2C-4 Limited Liability Company
- Title 15A:2-2-3 (b) New Jersey Nonprofit Corporation Act Title 42:2A-6 Limited Partnership

Pursuant to the provisions of the appropriate statute, checked above, of the New Jersey Statutes, the undersigned corporation/business entity hereby applies for the registration of an Alternate Name in New Jersey for a period of five (5) years, and for that purpose submits the following application:

1. Name of Corporation/Business: Fellowship Village, Inc.
2. NJ 10-digit ID number: 0100504952
3. State of Original Incorporation/Formation: New Jersey
4. Date of Incorporation/Formation: 1/7/1992
Date of Authorization (Foreign): _____
5. Alternate Name to be used: VIBE Day Spa & Salon
6. State the purpose or activity to be conducted using the Alternate Name: Day Spa
7. The Business intends to use the Alternate Name in this State.
8. The Business has not previously used the Alternate Name in this State in violation of this Statute, or; if it has, the month and year in which it commenced such use is: _____



Signature requirements:

- | | |
|------------------------------|---|
| For Corporations | Chairman of the Board., President, Vice-President |
| For Limited Partnerships | General Partner |
| For all Other Business Types | Authorized Representative |

SIGNATURE: Mark Mazzella TITLE: Chief Financial Officer

NAME (please type): Mark F. Mazzella DATE: 6/30/2023

THE PURPOSE OF THIS FORM IS TO SIMPLIFY THE FILING REQUIREMENTS. IT DOES NOT REPLACE THE NEED FOR COMPETENT LEGAL ADVICE.

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