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## COVER LETTER

Registration Section Division of Corporations

SUBJECT:	3 Bears Body Care LLC
	Name of Limited Liability Company
	Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all	l correspondence concerning this matter to the following:
	Brandon Lester-Kelly Name of Person
	Name of Person
	3 Boars Body Care LLC Firm/Company
	Firm/Company
	310 S Grove Blud unit 122
	Address
	Kingsland 6A 31548 City/State and Zip Code
	11/2 3 Bears body care. com E-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report notification)
For further info	rmation concerning this matter, please call:
	Branton Lester-Kelly at (601) 331-6468  Name of Contact Person Area Code Daytime Telephone Number
	Name of Contact Person Area Code Daytime Telephone Number
Divisio	ING ADDRESS: STREET ADDRESS: Division of Corporations
	ration Section Registration Section Sox 6327 Clifton Building
Tallah	assee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a ch	neck for the following amount:
□ S1	25.00 Filing Fee Status S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy of Status & Certified Copy

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

3 3	Bears Body immed Liability Company:	Care	LLC				_
(Name of Foreign 1	limited Liability Company:	must include	"Limited Liabilit	y Company," "L.L.C	.," or "LLC.")		
							_
ame unavailable, enter alternate na	me adopted for the purpose of t	ransacting busine	ess in Florida. The a	lternate name must melu	de "Limited Liability	Company," "L L C," or "Ll	LC ")
(20000)			3	8321	24295		
Ocorgia Oursdiction under the law of wh	ich foreign limited liability com	pany is organized	<u>n</u>		(FEI number, )	r applicable)	_
	,		,				
March 14	The Zola (No	of Sellin	g Yet)	1.)			
	(See sections 605 0904 &	605.0905, F.S. t	o determine penalty	hability)			
310 S Go	122 Blud #122	_	6.	145 Pu	Her Din	le	
(Street Address of Pr	incipal Office)	<del></del>			(Mailing Address)	)	
Kingsland (	A ZICUA			Palm	Coast.	FL 32164	
MAGSIANO C	3M, 21310					<del>.</del>	_
					*		
Name and street address	s of Florida registered	agent: (P.C	D. Box <u>NOT</u>	acceptable)		E SE	
						9 J	
	R	105101	Kallu			332	
Name:	Dranton	7,6	- real 1	<del></del>		SEL F	-
Office Address:	Brandon 145 Pott Palm	er Du	<i>.</i>			PH 2: 46	İ
Office Address.			<u>·</u>			92 N	$\cup$
	fglm	Coast	-	, Florida	32164	DE O	
		(City)			(Zip code)	Sal F	
gistered agent's accept	ance:						
	gistered agent and to sion. I hereby accept (	accept serv. he annointi	ice of process nent as regisi	for the above st vered agent and o	ated limited lie agree to act in	ability company at t this capacity. I fur	ne pia ther a
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iving been named as reg signated in this applicat comply with the provision	ons of all statutes rela	ttive to the j		mpiete perform	ance of my au	nes, unu 1 um juma	
aving been named as reg signated in this applicat comply with the provision d accept the obligations	ons of all statutes rela	ttive to the j		ompiete perjorm	ance of my au	nes, unu i um juma	

(Registered agent's signature)

Owner	Brandon Lester-Kelly	
	Brandon Lester-KellV 145 Potter Drive	
	Palm Coast FL 32164	
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attachments if necessary)		

of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Control Number: 18118716

### STATE OF GEORGIA

### **Secretary of State**

**Corporations Division** 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I. Robyn A. Crittenden, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### 3 BEARS BODY CARE LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number : 16331777 Date Inc/Auth/Filed: 09/21/2018 Jurisdiction : Georgia Print Date : 01/02/2019

Form Number : 211



Robyn A. Crittenden

Secretary of State