Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000118502 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Phone Fax Number

: (855)330-1010

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one arms?

Email	Address:	

Foreign Limited Liability Company LashBee, LLC

Certificate of Status Certified Copy 0 04 Page Count Estimated Charge \$125.00

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

IN COMPLIANCE WITH SECTION 695.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: LashBee, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") LashBeePro LLC (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L. L. C," or "LLC.") (Jurisdiction under the law of which foreign limited liability company is organized) 7901 4th St N 7901 4th St N **STE 300 STE 300** St. Petersburg FL 3370 St. Petersburg FL 33702 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Northwest Registered Agent LLC Name: 7901 4th St N STE 300 Office Address: St. Petersburg Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

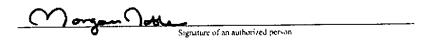


8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Erin Solestki Ratnanjali Bhatia Manager Manager Address: 7901 4th St N STE 300 7901 4th St N STE 300 Member Address: [7] Member St. Petersburg, FL 33702 St. Petersburg, FL 33702 Authorized Authorized Person Person Other____ Other Other___ Other___ Name: _____ Name: _____ Manager Manager Manager Address: _____ Member Member Address: ☐ Authorized Authorized Person Person Other____ Other_ Other_____ Other_ Manager Name: Name: Manager Address: _____ Address: Member Member Authorized ☐ Authorized Person Person Other____ Other__ Other____ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath 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.



<u>Delaware</u>

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LASHBEE, LLC" IS DULY FORMED UNDER THE

LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE TWENTY-FOURTH DAY OF MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LASHBEE, LLC"
WAS FORMED ON THE FIFTH DAY OF JUNE, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Jeffrey W. Bullock, Secretary of State

Authentication: 202808230