

MI9000006197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

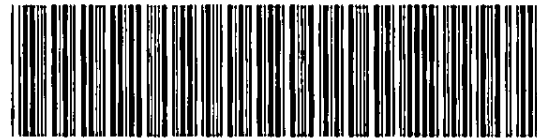
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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JUN 26 PM 5:47

Z BROWN

JUN 26 2019

**Brown, Zakiya M.**

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**From:** Cara Rolle <cara\_bootle242@hotmail.com>  
**Sent:** Wednesday, June 26, 2019 10:57 AM  
**To:** Brown, Zakiya M.  
**Subject:** Amended documents for Foreign LLC  
**Attachments:** amdended form.jpeg; good standing.jpeg; NIB cert.jpeg

**EMAIL RECEIVED FROM EXTERNAL SOURCE**

Hello Zakiya,

Thank you for being so helpful with this, I really appreciate it.

I've attached the following documents:

- amended foreign limited liability form- **we crossed out Florida and wrote in Nassau Bahamas, should we reprint this sheet?**
- The National Insurance Board- letter of good standing.
- The National Insurance Board- certificate for notification of registration of Employer/ Employee

Let me know if these are correct and I will send the original documents with David.

Thank you again  
Cara

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Amani Hair & Beauty LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

David Russell

Name of Person

Manker Funeral Home

Firm/Company

2075 NW 54th Street

Address

Miami Florida 33142

City/State and Zip Code

fatboyslimdjr@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Russell

786

346-4740

at ( )

Name of Contact Person

Area Code

Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☒ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ~~Amani Hair & Beauty LLC~~ Amani Hair  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Amani Hair & Beauty 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.")

2. ~~Florida~~ NASSAU, BAHAMAS 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2075 NW 54th Street  
(Street Address of Principal Office)

6. 2075 NW 54th Street  
(Mailing Address)

Miami Florida 33142

Miami Florida 33142

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: David Russell

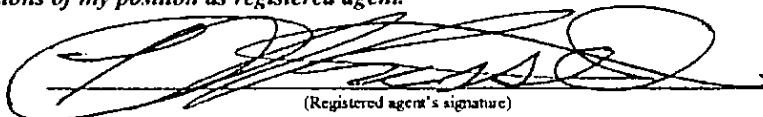
Office Address: 2075 NW 54th Street

Miami, Florida 33142  
(City) (Zip code)

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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.

  
(Registered agent's signature)

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]:

**Title or Capacity:**                      **Name and Address:**

☒ Manager      Name: Cara Viola Rolle

☐ Member      Address: 30 Sunderland Road

☐ Authorized      Stapledon Gardens

Nassau, Bahamas

Person \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

**Title or Capacity:**                      **Name and Address:**

☒ Manager      Name: Preston Uriah Rolle

☐ Member      Address: 30 Sunderland Road

☐ Authorized      Stapledon Gardens

Nassau, Bahamas

Person \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: DAVID RUSSELL

☐ Member      Address: 2075 NW 54<sup>th</sup>

☒ Authorized      MIAMI, FL 33142

Person \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

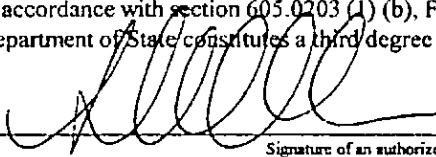
Person \_\_\_\_\_

☐ 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.

  
\_\_\_\_\_  
Signature of an authorized person

Cara Viola Rolle

\_\_\_\_\_  
Typed or printed name of signer



# THE NATIONAL INSURANCE BOARD

OF THE COMMONWEALTH OF THE BAHAMAS

P.O. Box N-7508, Nassau, Bahamas

• Tel: 242-502-1500  
THE NATIONAL INSURANCE BOARD

Serial ~~N/MSLE 2018~~ 727970  
JUNE 14, 2019  
CO... JIAL

AMANI HAIR  
SP-60984  
NASSAU BAHAMAS  
NEW PROVIDENCE  
BAHAMAS

DEAR SIR/MADAM:

## Letter of Good Standing

CONTRIBUTION STATUS  
RE: AMANI HAIR #100049362

The National Insurance Board is pleased to confirm AMANI HAIR, NI# 100049362, is registered with the National Insurance Board, and contribution payments are in good standing.

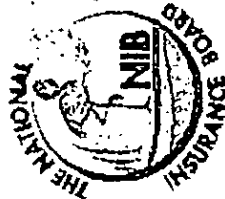
Our records indicate start date of business as April 01, 2015.

Should you require additional information, please contact our Compliance Department, at telephone number 502-1500.

Sincerely,

Exp. Date: SEPTEMBER 14,  
2019

Chief Manager  
Compliance Department



# THE NATIONAL INSURANCE BOARD

OF THE COMMONWEALTH OF THE BAHAMAS

P.O. Box N-7508, Nassau, Bahamas • Tel: 242-502-1500

## THE NATIONAL INSURANCE ACT, 1972

### Notification of Registration of Employer/Self Employed

AMANI HAIR	(Name Of Employer / Self Employed)	Registration Number
SP-60984	(P.O. Box)	100049362
SOLDIER RD & CHUKAR WAY	(Address)	Industrial Classification Code
(242)698-1155	(Telephone)	6200
1st APRIL, 2015	(Starting Date)	Industrial Classification
	(Contact Person/Owner)	RETAIL TRADE

Signed:

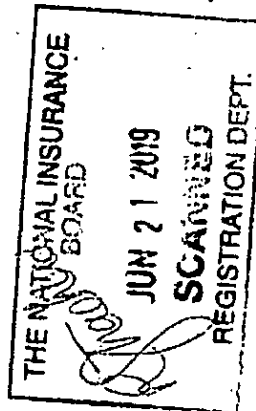
*Maxine R. R.*

The registration number allotted to you for National Insurance purposes is entered above. This number must be quoted whenever contributions are paid and on all correspondence with the National Insurance Board.

Director  
National Insurance Board

Date: 21st JUNE, 2019

Serial Number: 10171573



Form R-2