

N21000000411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

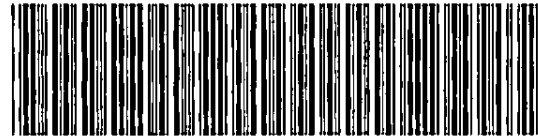
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CLERK OF COURT

4/10/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 2, 2021

CHASE HOWARD
151 NW 1ST AVENUE
DELRAY BEACH, FL 33444

SUBJECT: SEV LASER AESTHETICS MIAMI, LLC
Ref. Number: W21000010619

We have received your document for SEV LASER AESTHETICS MIAMI, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 321A00002294

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sex Laser Aesthetics Miami, 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:

CHASE HOWARD
Name of Person

The Florida Healthcare Law Firm
Firm/Company

151 NW 1st Avenue
Address

Delray Beach, FL 33444
City/State and Zip Code

Chase.@FloridaHealthcareLawFirm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chase Howard at (561) 455-7700
Name of Contact Person Area Code Daytime Telephone Number

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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. Sev Laser Aesthetics Miami, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. N/A
(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. 1180 Sw 2nd Avenue #E3
(Street Address of Principal Office)

6. 1180 Sw 2nd Avenue #E3
(Mailing Address)

Miami, Florida 33130

Miami, Florida 33130

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

Name: Chase Howard, Esq.

Office Address: 151 NW 1st Avenue

Delray Beach, Florida 33444
(City) (Zip code)

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.

[Signature]
(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]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	<u>Servana Petrosian</u>		<input type="checkbox"/> Manager	Name:	_____	
<input type="checkbox"/> Member	Address:	<u>1180 SW 2nd Avenue</u>		<input type="checkbox"/> Member	Address:	_____	
<input type="checkbox"/> Authorized		<u>#3 Miami, Florida 33130</u>		<input type="checkbox"/> Authorized		_____	
Person		_____		Person		_____	
<input type="checkbox"/> Other		<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other		_____	
<input type="checkbox"/> Manager	Name:	_____		<input type="checkbox"/> Manager	Name:	_____	
<input type="checkbox"/> Member	Address:	_____		<input type="checkbox"/> Member	Address:	_____	
<input type="checkbox"/> Authorized		_____		<input type="checkbox"/> Authorized		_____	
Person		_____		Person		_____	
<input type="checkbox"/> Other		<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other		_____	
<input type="checkbox"/> Manager	Name:	_____		<input type="checkbox"/> Manager	Name:	_____	
<input type="checkbox"/> Member	Address:	_____		<input type="checkbox"/> Member	Address:	_____	
<input type="checkbox"/> Authorized		_____		<input type="checkbox"/> Authorized		_____	
Person		_____		Person		_____	
<input type="checkbox"/> Other		<input type="checkbox"/> Other	_____	<input type="checkbox"/> 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.

DocuSigned by:
Servana Petrosian
29E282AE357742F
Signature of an authorized person

Servana Petrosian
Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SEV LASER AESTHETICS MIAMI, 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 SECOND DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SEV LASER AESTHETICS MIAMI, LLC" WAS FORMED ON THE SEVENTH DAY OF OCTOBER A.D. 2019.

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

FILED
2021 APR -9 PM 4:15
DELAWARE



7645437 8300

SR# 20211155279

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 202882866

Date: 04-02-21