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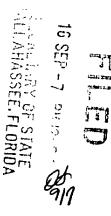
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:  (Get-UX047)
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**Fax** 09/07/2016 Please Reply To Urgent x For Review Please Comment Octavia I Simmons Derek Cavan-Inance Skin, LLC CC Re Cert of Good Standing for Inance Skin, LLC Fax 1-877-825-3838 Phone 954-445-1360 Pages Comments: Please review the enclosed documents that you requested for the registration of Inance Skin, LLC as a foreign entity to do business in the State of Florida. I greatly appreciate your time with this file! Sincerely, Derek Cavan -Inance Skin, LLC

**INANCE.COM** 

INFO@INANCE.COM

6278 N. FEDERAL HWY.,

FORT LAUDERDALE, FL

STE. 491

33308

**INANCE SKIN, LLC** 

Tel 1-888-445-1360

Fax 1-877-825-3838

## **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations
SUBJECT: TNANCE SKIN, 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:
DEREK CAVAN
Name of Person  LNANCE SKIN, LC  Firm/Company
6278 NORTH FEDERAL Huy #491 Address
FORT CALDERDALE FL 33308  City/State and Zip Code
CAVAN. DERECE SMAIL. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DEREK CAVAN at (954) 445-1360  Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount:  \$\sum_{\mathbb{S}}\$125.00 Filing Fee  \text{D}\$130.00 Filing Fee & \text{D}\$155.00 Filing Fee & \text{D}\$160.00 Filing Fee, Certificate of Status & Certified Copy}  \$\text{Certificate of Status}\$

## 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: (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.") ELAWARE Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Florida 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 complywith 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. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: 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. The certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person 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.

Typed or printed name of signee

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## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INANCE SKIN, 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 SIXTH DAY OF SEPTEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INANCE SKIN, LLC" WAS FORMED ON THE EIGHTH DAY OF OCTOBER, A.D. 2012.

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

5224505 8300 SR# 20165664641



Authentication: 202940744

Date: 09-06-16