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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

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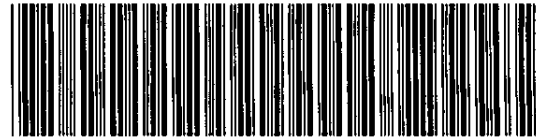
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT  
DEC 30 2016

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MONRAE SALON SUITE LLC  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

TIMOTHY F ANDREWS CPA

Name of Person

CPA AFFILIATES INC

Firm/Company

1422 EVCLID AVE STE 1104

Address

CLEVELAND OH 44115

City/State and Zip code

tfacpa@runbox.com

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

For further information concerning this matter, please call:

TIMOTHY F ANDREWS CPA at ( 216 ) 621-0700

Name of Person

Area Code

Daytime Telephone Number

### STREET/COURIER ADDRESS:

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

### MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. MONRAE SALON SUITE LLC  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. OHIO 3. 27-1535219  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7-20-2009 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. 1-1-16  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2918 E JEFFERSON ST  
(Principal office address)  
ORLANDO FL 32803  
(Current mailing address, if different)

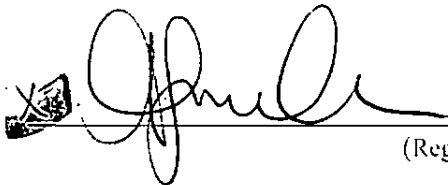
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: AMANDA SAMUELE

Office Address: 2819 E JEFFERSON ST  
ORLANDO, Florida 32803  
(City) (Zip code)

**9. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation 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)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: AMANDA SAMUELE

Address: 2918 E JEFFERSON ST  
ORLANDO FL 32803

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: AMANDA SAMUELE

Address: SEE A ABOVE

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: AMANDA SAMUELE

Address: SEE A ABOVE

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: AMANDA SAMUELE

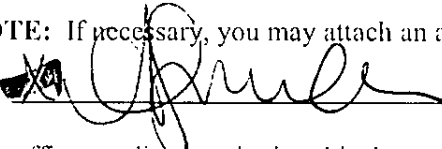
Address: SEE A ABOVE

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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SECRETARY OF STATE

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.  \_\_\_\_\_  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. AMANDA SAMUELE PRESIDENT

(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show MONRAE SALON SUITE LLC, an Ohio For Profit Limited Liability Company, Registration Number 1871171, was organized within the State of Ohio on July 20, 2009, is currently in FULL FORCE AND EFFECT upon the records of this office.*



Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 16th day of December, A.D.  
2016.

*Jon Husted*

Ohio Secretary of State

Validation Number: 201635101512

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