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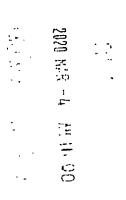
(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certificates of Status			
Special Instructions to Filing Officer:			





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When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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. I	ASTING FITNESS	S & BEAUTY JLN, INC.	
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Lasting Fitness & Bea	utv JLN. Inc.	
Dear Sir or Madam:		
Certificate of Existence," or "Certificate of (Good Standing" and check are submitted to register the	
Please return all correspondence concerning the	his matter to the following:	
	_	
	BJECT: Lasting Fitness & Beauty JLN, Inc. Name of corporation - must include suffix or Sir or Madam: enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida." rtificate of Existence," or "Certificate of Good Standing" and check are submitted to register the vereferenced foreign corporation to transact business in Florida. see return all correspondence concerning this matter to the following: Jacqueline Nguyen Name of Person Lasting Fitness & Beauty JLN, Inc. Firm/Company 2479 Atlantis Ave Apt 1 Address Fort Pierce, FL 34981 City/State and Zip code lastingfitnessbeautyjln@gmail.com E-mail address: (to be used for future annual report notification) iurther information concerning this matter, please call: Jacqueline Nguyen Name of Person Area Code Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Seed is a check for the following amount: make check payable to: FLORIDA DEPARTMENT OF STATE 1.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & \$\$78.75 Filing Fee,	
Lasting Fitne	ess & Beauty JLN, Inc.	
F	irm/Company	
2479	9 Atlantis Ave Apt 1	
	Address	
Fort P	ierce, FL 34981	
Cit		
lastingfitnes	sbeautyjin@gmail.com ===	
E-mail address: (to l	be used for future annual report notification)	
For further information concerning this matter,	picase call: ပွဲ	
	' •)	
Name of Person A	Jea Code Daytime Telephone Number	
Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	Registration Section Division of Corporations P.O. Box 6327	
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPART \$70.00 Filing Fee \$78.75 Filing Fee Certificate of State	& [] \$78.75 Filing Fee & [] \$87.50 Filing Fee	

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.	Lasting Fitness & Beauty JLN, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"				
(Enter name of "Inc.," "Co.," "	corporation; must include "INCORPORATED," Corp." "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"			
(If name unava	ilable in Florida, enter alternate corporate name ad	opted for the purpose of transacting business in Florida			
2. Califo	ornia 3.				
(State or coun	ornia 3 try under the law of which it is incorporated)	(FEI number, if applicable)			
4Febr	uary 12, 2020 _{5.}				
(Dat	e of incorporation)	(Date of duration, if other than perpetual)			
6					
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502				
7	2479 Atlantis Ave. Apt 1, Fort Pierce, FL 34981				
	(Principal office	street address)			
	_				
	(Current mailing a	address, if different)			
		'			
8. Name and <u>stre</u>	et address of Florida registered agent: (P.O. I	Box NOT acceptable)			
Name:	Telos Legal Corp.	~			
Offine Address	155 Office Park Plaza				
Office Address:		-			
	Tallahassee	, Florida <u>32301</u>			
	(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)

Susan Boadway, Asst. Secretary

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS Name: Jacqueline Nguyen **Ø**Chairman □Chairman Name: □Vice Chairman Address: 2479 Atlantis Ave, Apt 1, Fort Pierce, Fl 34981 .n Address: Jacqueline Nguyen **⊠**Director □ Director Jacqueline Nguyen (X) President ☐President □ Vice President ☐ Vice President **⊠**Secretary ☐Treasurer ☐ Secretary ☐Treasurer Other ____ □ Other ______ Other ____ Other _____ Chairman □ Chairman Name: □Vice Chairman Address: _____ ☐ Vice Chairman Address: ☐ Director ☐ Director □ President □President □Vice President □Vice President []Secretary Treasurer ☐ Secretary ☐Treasurer Other _____ Other ____ □Other _____ □Other ____ OChairman Name: Chairman Name: □Vice Chairman Address: ☐Vice Chairman Address: Director . Director □ President President | ☐Vice President ☐ Vice President □ Secretary ☐ Treasurer ☐Secretary ☐ Treasurer □ 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. 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.

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

LASTING FITNESS & BEAUTY JLN, INC.

FILE NUMBER: FORMATION DATE:

C4558134 01/24/2020

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State official California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 18, 2020.

ALEX PADILLA Secretary of State