

L23000335092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

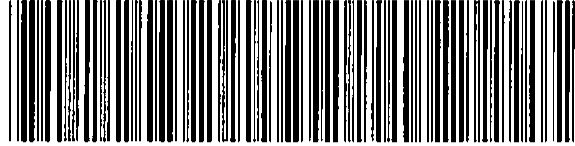
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/08/23--01027--002 **50.00

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2023 SEP 25 PM 3:44
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Allyson Rubin Cosmetics LLC

Name of Surviving Party

The enclosed Certificate of Merger and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Allyson Rubin-Sarzosa

Contact Person

Firm/Company

3301 Aruba Way H1

Address

Coconut Creek, Florida 33066

City, State and Zip Code

makeupyourmind444@gmail.com

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

For further information concerning this matter, please call:

Allyson Rubin-Sarzosa at (862) 226-1524

Name of Contact Person

Area Code

Daytime Telephone Number

☒ Certified copy (optional) \$30.00

STREET ADDRESS:

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

MAILING ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 28, 2023

ALLYSON RUBIN-SARZOSA
3301 ARUBA WAY H1
COCONUT CREEK, FL 33066

SUBJECT: ALLYSON RUBIN COSMETICS LLC
Ref. Number: L23000335092

We have received your document for ALLYSON RUBIN COSMETICS LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Articles of Merger must be signed. The Articles of Merger must have a Signature for Each Party.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 723A00020031

SEP 25 2023

SEP 23 2023

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TALLAHASSEE, FLORIDA

FOURTH: Please check one of the boxes that apply to surviving entity: (if applicable)

- ☐ This entity exists before the merger and is a domestic filing entity, the amendment, if any to its public organic record are attached.
- ☐ This entity is created by the merger and is a domestic filing entity, the public organic record is attached.
- ☐ This entity is created by the merger and is a domestic limited liability limited partnership or a domestic limited liability partnership, its statement of qualification is attached.
- ☒ This entity is a foreign entity that does not have a certificate of authority to transact business in this state. The mailing address to which the department may send any process served pursuant to s. 605.0117 and Chapter 48, Florida Statutes is:

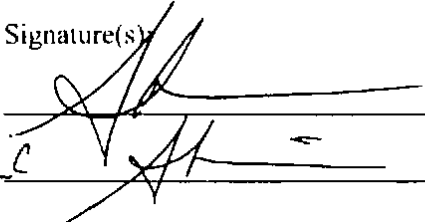
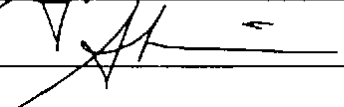
3301 Aruba Way H1, Coconut Creek, Florida 33066

FIFTH: This entity agrees to pay any members with appraisal rights the amount, to which members are entitled under ss.605.1006 and 605.1061-605.1072, F.S.

SIXTH: If other than the date of filing, the delayed effective date of the merger, which cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State:

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

SEVENTH: Signature(s) for Each Party:

| Name of Entity/Organization: | Signature(s) | Typed or Printed Name of Individual: |
|------------------------------------|--|--------------------------------------|
| Allyson Rubin Cosmetics LLC |  | Allyson Rubin-Sarzosa |
| <u>Allyson Rubin Cosmetics LLC</u> | <u></u> | <u>Allyson Rubin-Sarzosa</u> |

| Corporations: | Chairman, Vice Chairman, President or Officer (If no directors selected, signature of incorporator.) |
|-----------------------------------|---|
| General partnerships: | Signature of a general partner or authorized person |
| Florida Limited Partnerships: | Signatures of all general partners |
| Non-Florida Limited Partnerships: | Signature of a general partner |
| Limited Liability Companies: | Signature of an authorized person |

| | | | | |
|--------------|-------------------------------------|---------|-----------------------------------|---------|
| Fees: | For each Limited Liability Company: | \$25.00 | For each Corporation: | \$35.00 |
| | For each Limited Partnership: | \$25.00 | For each General Partnership: | \$25.00 |
| | For each Other Business Entity: | \$25.00 | Certified Copy (optional): | \$30.00 |

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DEPARTMENT OF STATE