

MD5000007061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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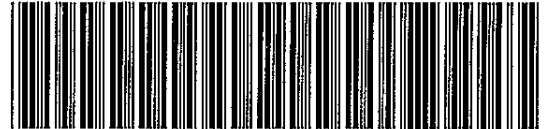
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 27 2005

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Radiance Medspa of Baynton Beach, 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:

Concetta Lupardo
(Name of Person)

PBS
(Firm/Company)

110 E Atlantic Ave 235
(Address)

Delray Beach FL 33444
(City/State and Zip Code)

For further information concerning this matter, please call:

Concetta Lupardo at (561) 8150990
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 6, 2005

CONCETTA LUPARDO
PBS
110 E ATLANTIC AVENUE 235
DELRAY BEACH, FL 33444

SUBJECT: RADIANCE MEDSPA OF BOYNTON BEACH, PLLC
Ref. Number: W05000053662

We have received your document for RADIANCE MEDSPA OF BOYNTON BEACH, PLLC and your check(s) totaling \$160.00. 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.

The name in the articles must be listed exactly how is it in the Certificate.

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 405A00070506

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Radiance Medspa of Boynton Beach "A Profes:
(Name of Foreign Limited Liability Company) Limited Liability
Company

2. Arizona USA
(Jurisdiction under the law of which foreign limited liability
company is organized)

3. N/A
(FEI number, if applicable)

4. 10/13/05
(Date of Organization)

5. Perpetual
(Duration: Year limited liability company will cease to
exist or "perpetual")

6. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 7397 Nautica Way
Lake Worth FL 33467
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

Amy McCracken

7397 Nautica Way

Lake Worth FL 33467

10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a
translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida:

Medical Spa Services

Amy McCracken
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes
an affirmation under the penalties of perjury that the facts stated herein are true.)

Amy McCracken

Typed or printed name of signee

FILED
05 DEC 23 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Radiance Medspa of Boynton Beach, A Profit
Limited Liability Company

2. The name and the Florida street address of the registered agent and office are:

Amy McCracken
(Name)

7397 Nautica Way
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Lake Worth FL 33467
City/State/Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.


(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

TO ALL TO WHOM THESE PRESENTS SHALL COME, GREETING:

I, BRIAN C. MCNEIL, EXECUTIVE DIRECTOR OF THE ARIZONA CORPORATION COMMISSION, DO HEREBY CERTIFY THAT:

**** RADIANCE MEDSPA OF BOYNTON BEACH, A
PROFESSIONAL LIMITED LIABILITY COMPANY ****

IS A LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF ARIZONA WHICH FILED ITS ARTICLES OF ORGANIZATION IN THIS OFFICE ON THE 13TH DAY OF OCTOBER, 2005.

I FURTHER CERTIFY THAT THIS LIMITED LIABILITY COMPANY HAS FILED ALL AFFIDAVITS AND PAID ALL FILING FEES REQUIRED TO DATE AND, THEREFORE, IS IN GOOD STANDING IN THIS STATE.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, Capital, this 14 Day of DECEMBER, 2005 A.D.



Brian C. McNeil
Executive Director

By: *Vonne Contreras*