

### Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NATIONAL REGISTERED AGENTS, INC.

Account Number : I20030000062 Phone : (609)716-0300 Fax Number : (609)716-0820

### FLORIDA/FOREIGN LIMITED LIABILITY CO.

#### FEM MITCHELL GROUP USA, LLC

RECEIVED
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#### **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUB.	JECT: FEM MITCHELL GROUP USA,		· ,
	(Name	of Limited Liability Company)	
Florie		ited Liability Company for Authorization to k are submitted to register the above reference orida	
Pleas	e return all correspondence concernin	g this matter to the following:	
	MICHEL FARAH		4,6
		(Name of Person)	TE SE
	FEM MITCHELL GROUP USA, LL		ETAR
		(Firm/Company)	SET OF BE
	1 S.E. 3RD AVENUE, SUITE 186	0	55 65
		(Address)	
	MIAMI, FLORIDA 33131		
		(City/State and Zip Code)	
For fi	urther information concerning this ma	tter, please call:	
	MICHEL FARAH	at (305 ) 381-9890	
	(Name of Person)	(Area Code & Daytime Telephor	ne Number)
	MAILING ADDRESS:	STREET ADDRESS:	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
Enclo	osed is a check for the following amount \$125.00 Filing Fee \$130.00 Filing Cert	g Fee & \$155.00 Filing Fee & \$160.00 Fi	iling Fee, Certificate f Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 608-503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. FEM MITCHELL GROUP USA, LLC	clude "Limited Liability Company," "L.L.C.," or "LLC.")					
(Name of Poreign Chanced Liability Company; must in	clude "Elimited Liability Company," L.C.C., or "LCC. )					
	pose of transacting business in Florida and attach a copy of the written lternate name. The alternate name must include "Limited Liability					
2. STATE OF DELAWARE	3. 26-1207278					
(Jurisdiction under the law of which foreign limited liability company is organized)	y (FEI number, if applicable)					
4. 10/05/2007	5. PERPETUAL					
(Date of Organization)	(Duration: Year limited liability company-will cease to exist or "perpetual")					
6. N.A.	S: AR -5					
(Date first transacted business in (See sections 608.501 & 608.502 F	7.S. to determine penalty liability)					
7. 1 S.E. 3RD AVENUE SUITE 1860,	<u> </u>					
MIAMI FLORIDA 33131	55 S					
(Street Addre	ess of Principal Office)					
8. If limited liability company is a manager-manage	ed company, check here					
9. The name and usual business addresses of the m	anaging members or managers are as follows:					
MICHEL FARAH						
1 S.E. 3RD AVENUE SUITE 1860,						
MIAMI FLORIDA 33131						
	90 days old, duly authenticated by the official having custody of records in copy is not acceptable. If the certificate is in a foreign language, a ubmitted.)					
11. Nature of business or purposes to be conducted	or promoted in Florida: WHOLESALE OF BEAUTY					
SUPPLY						
(In accordance with section 608.408(3	authorized representative of a member.  ), F.S., the execution of this document constitutes perjury that the facts stated herein are true.)					
Michel Farah, Member						

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Typed or printed name of signee

# CCCH08000057482377

### 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.

I. Ine name of	the Limited Liability Comp	any is:	
FEM MITCHELL	. GROUP USA, LLC		
If name unavailable, the alternate name to be used in the state of Florida is:  2. The name and the Florida street address of the registered agent and office are:			ZOOR HAN
			TARY OF
	NRAI Services, Inc.		— FI O S
		(Name)	- ORIGINAL STATES
2731 Executive Perk Drive, Suite 4 Florida Street Address (P.O. Box NOT ACCEPTABLE)			.b.*
			_
		,	
	Weston	FL 33331	
		City/State/Zip	<del></del>

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. NRAI Services, Inc.

By: Zulman Howard LAST Slay

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

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# Delaware

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### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FEM MITCHELL GROUP USA, 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 TWENTY-SECOND DAY OF FEBRUARY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FEM MITCHELL GROUP USA, LLC" WAS FORMED ON THE FIFTH DAY OF OCTOBER, A.D. 2007.

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

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You may verify this certificate onli: at corp. delaware, goy/authyer, shtml

Warriet Smith Windsor, Secretary of State

marrier Smith Windsor, Secretary of S

AUTHENTICATION: 6400739

DATE: 02-22-08

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