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EXAMINER



O ₂				
ACCOUNT NO. : 072100000032				
REFERENCE : 892748 7433195				
AUTHORIZATION Spelleman				
ACCOUNT NO. : 072100000032 REFERENCE : 892748 7433195 AUTHORIZATION THE BELLE TO THE STATE OF				
ORDER DATE : February 13, 2009				
ORDER TIME : 11:30 AM				
ORDER NO. : 892748-005				
CUSTOMER NO: 7433195				
FOREIGN FILINGS				
NAME: KRONER & NEVET LLC				
XXXX QUALIFICATION (TYPE: <u>LL</u>)				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY				
XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING				
CONTACT PERSON: Susie Knight EXT# 2956				

EXAMINER:

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

IN COMPLIANCE WITH SECTION 608 503 FLORIDA STATLITES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN

	Y TO TRANSACT BUSINESS IN THE S	TATE OF FLORIDA:
1. KRONER & NEVI		e "Limited Liability Company," "L.L.C.," or "LLC.")
(Name of Foreign Lim	ted Liability Company; must include	Elimited Liability Company, L.E.C., or LEC.
	maging members adopting the alterna	of transacting business in Florida and attach a copy of the writter ate name. The alternate name must include "Limited Liability
_{2.} WASHINGTON	3.	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)
4, 12/12/2007	5.	PERPETUAL
(Date of Org	anization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6		
(Se	Date first transacted business in Florice sections 608.501 & 608.502 F.S. to	da, if prior to registration.) o determine penalty liability)
7. 6269 S. 153rd	Street, Tukwila, WA 981	88 PT
		B F F
	(Street Address of	Principal Office)
8. If limited liability com	pany is a manager-managed co	<u> </u>
9. The name and usual bu	isiness addresses of the manag	ing members or managers are as follows
Adam Kroner 626	9 S 153RD ST TUKWILA	A, WA 98188
Elisha Kroner 626	9 S 153RD ST TUKWILA	A, WA 98188
the jurisdiction under the law of		s old, duly authenticated by the official having custody of records in s not acceptable. If the certificate is in a foreign language, a ted.)
11. Nature of business or	purposes to be conducted or pr	romoted in Florida:
Retail- cosmetic	s, beauty supplies and	perfume stores.
		prized representative of a member.
	ffirmation under the penalties of perjury	the execution of this document constitutes that the facts stated herein are true.)

Typed or printed name of signee

ADAM KRONER

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. The nar	me of the Limited Liability	Company is:
KRONEI	R & NEVET LLC	
If name un	navailable, the alternate nam	ne to be used in the state of Florida is:
2. The nar	me and the Florida street ad	dress of the registered agent and office are:
	Guy Silverman	
		(Name)
	826 Milano Cir	
	Florida Stre	eet Address (P.O. Box NOT ACCEPTABLE)
	Brandon	_{FL} 33511
		City/State/Zip
liability con agent and a relating to t	mpany at the place designate agree to act in this capacity. the proper and complete per	t and to accept service of process for the above stated limited ed in this certificate, I hereby accept the appointment as registered I further agree to comply with the provisions of all statutes formance of my duties, and I am familiar with and accept the agent as provided for in Chapter 608, Florida Statutes.
		•

\$ 100.00 Filing Fee for Application

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

\$ 25.00 Designation of Registered Agent



The State of Washington

Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

KRONER & NEVET LLC

I FURTHER CERTIFY that the records on file in this office show that the above named Limited Liability Company was formed under the laws of the State of WA and was issued a Certificate Of Formation in Washington on 12/12/2007.

I FURTHER CERTIFY that as of the date of this certificate, KRONER & NEVET LLC remains active and has complied with the filing requirements of this office.

Date: February 13, 2009

UBI: 602-786-871

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Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State