M10000000189

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	· · · · · · · · · · · · · · · · · · ·
(City.	/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	:
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
W10 0000	00743	8

Office Use Only



300163983463

300163933463 01/06/10-01016-007 **160.00

FILED

10 JAN 14 MM 9:50
SECRETARY OF STATE

D. BRUCE
JAN 15 2010

EXAMINER

Melissa Peverini Name of Person	•
Name of Limited Liability Company The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," existence, and check are submitted to register the above referenced foreign limited liability company to transact busin Please return all correspondence concerning this matter to the following: Melissa Peverini	
Melissa Peverini Name of Person Fringe Cosmetics, LLC Firm/Company 307 Chambord Terrace Address Palm Beach Gardens, FL 33410 City/State and Zip Code melissa.peverini@fringecosmetics.com E-mail address: (to be used for future annual report notification) for further information concerning this matter, please call: Melissa Peverini Name of Person Area Code & Daytime Telephone Number MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 Code Executive Center Circle	
Name of Person	Certificate of ess in Florida.
Name of Person	
Fringe Cosmetics, LLC Firm/Company 307 Chambord Terrace Address Palm Beach Gardens, FL 33410 City/State and Zip Code melissa.peverini@fringecosmetics.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Melissa Peverini Name of Person Area Code & Daytime Telephone Number MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 City/State and Zip Code TCO TCO TCO TCO TCO TCO TCO TC	
Firm/Company 307 Chambord Terrace Address Palm Beach Gardens, FL 33410 City/State and Zip Code melissa.peverini@fringecosmetics.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Melissa Peverini Name of Person Area Code & Daytime Telephone Number MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 City/State and Zip Code TTO TTO TTO TTO TTO TTO TTO T	
Address Palm Beach Gardens, FL 33410 City/State and Zip Code melissa.peverini@fringecosmetics.com E-mail address: (to be used for future annual report notification) Por further information concerning this matter, please call: Melissa Peverini Name of Person Area Code & Daytime Telephone Number MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 Palm Beach Gardens, FL 33410 SAR	
Palm Beach Gardens, FL 33410 City/State and Zip Code melissa.peverini@fringecosmetics.com E-mail address: (to be used for future annual report notification) Melissa Peverini Name of Person Area Code & Daytime Telephone Number MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Palm Beach Gardens, FL 33410 STREET ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 City/State and Zip Code FL 33410 STREET ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	
Palm Beach Gardens, FL 33410 City/State and Zip Code melissa.peverini@fringecosmetics.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Melissa Peverini Name of Person Area Code & Daytime Telephone Number MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 Part State and Zip Code Registration Section City/State and Zip Code City/State and Zip Code Registration Section City/State and Zip Code City/State	
The contraction of Corporations Registration Section Polymer Properties City/State and Zip Code melissa.peverini@fringecosmetics.com E-mail address: (to be used for future annual report notification) Melissa Peverini Name of Person Area Code & Daytime Telephone Number MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 City/State and Zip Code The contraction of function annual report notification) STREET ADDRESS: Division of Corporations Registration Section Clifton Building Tallahassee, FL 32314	Acceptance
Termail address: (to be used for future annual report notification) Melissa Peverini To further information concerning this matter, please call: Melissa Peverini Name of Person Area Code & Daytime Telephone Number MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 City/State and Zip Code To T	-11
Melissa Peverini@fringecosmetics.com E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-ma	П
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Melissa Peverini	
Melissa Peverini at (561) 6244364 Name of Person Area Code & Daytime Telephone Number MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations Registration Section Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle	
Name of Person Area Code & Daytime Telephone Number MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Area Code & Daytime Telephone Number STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle	•
Name of Person Area Code & Daytime Telephone Number MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Area Code & Daytime Telephone Number STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle	
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	
Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle	
Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 Registration Section Clifton Building 2661 Executive Center Circle	
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle	•
·	
Tallahassee, FL 32301	
Enclosed is a check for the following amount:	
sholosed is a check for the following amount.	



January 7, 2010

MELISSA PEVERINI 307 CHAMBORD TERRACE PALM BEACH GARDENS, FL 33410

SUBJECT: FRINGE COSMETICS, LLC

Ref. Number: W1000000748

We have received your document for FRINGE COSMETICS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

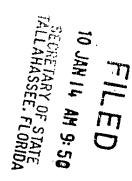
The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 010A00000515



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: Fringe Cosmetics, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") Delaware (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) June 4th, 2008 Perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") December 10, 2009 (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 307 Chambord Terrace Palm Beach Gardens, FL 33410 (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: 307 Chambord Terrace, Palm Beach Gardens, FL 33410 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;

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.)

retail/wholesale beauty products

Melissa Peverini

Typed or printed name of signee

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:			
Fringe Cosmetics, LLC			_
If unavailable, the alternate to be used in the state of Florida is:			
2. The name and the Florida street address of the registered agent and office are:	SECRI	10 JA	- -
Melissa Peverini	HAS	X	-
(Name)	₹Y 0 SEE,	3 >	ा । - स्थित
	110	AH 9:	
307 Chambord Terrace		CJ.	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	DA E	©	
Palm Beach Gardens, FL 33410			
City/State/Zip			
Having been named as registered agent and to accept service of process for the above st liability company at the place designated in this certificate, I hereby accept the appoint agent and agree to act in this capacity. I further agree to comply with the provisions of relating to the proper and complete performance of my duties, and I am familiar with an obligations of my position as registered agent as provided for in Chapter 608, Florida S	nent as i all statu id accep	regist ites	ered

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 500	Certificate of Status (ontional)

(Signature)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FRINGE COSMETICS, 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-EIGHTH DAY OF DECEMBER, A.D. 2009.

4556962 8300

091139061

ANYS OF THE PARTY OF THE PARTY

AUTHENTYCATION: 7725548

DATE: 12-28-09

You may verify this certificate online at corp.delaware.gov/authver.shtml