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(Requestor's Name)	_				
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)	_				
(Document Number)	_				
Certified Copies Certificates of Status	_				
Special Instructions to Filing Officer:					
A					
A. LUNT					
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COVER LETTER

TO:

Registration Section

Division	n of Corporations				
SUBJECT:	BEA	MING WHITE, LLC			
Name of Limited Liability Company					
		bility Company for Authorization to Transact bove referenced foreign limited liability com			
Please return all	correspondence concerning this ma	atter to the following:			
		Mark J. Moerman			
	•	Name of Person			
Beaming White, LLC					
		Firm/Company			
6137 NE 63rd St					
		Address			
Vancouver, WA 98661		Pe	2010		
City/State and Zip Code			2010 MAR 29	7	
-		ark@beamingwhite.com		29	r
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:				PM 3: 34	
	Mark J. Moerman		35-5600 🖫	34	
	Name of Person	Area Code & Daytime Telephone Num	ber		
Division Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section x 6327 ssee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Enclosed is a	check for the following amou	int:			
\$125	.00 Filing Fee \$\sqrt{\sq}}}}}}}}}} \end{\sqrt{\sq}}}}}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}} \end{\sqrt{\sqrt{\sq}}}}}}}} \end{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}} \sqrt{\sqrt{\si		160.00 Filing Fee, Co of Status & Certifi		

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	BEAMING WHI (Name of Foreign Limited Liability Company; must include "L	TE, LLC
	(Name of Foreign Limited Liability Company; must include "L	imited Liability Company," "L.L.C.," or "LLC.")
con	name unavailable, enter alternate name adopted for the purpose of sent of the managers or managing members adopting the alternate npany," "L.L.C," "LLC.")	
2	DELAWARE 3	4527776
(.) C	Jurisdiction under the law of which foreign limited liability ompany is organized) 3	4527776 (FEl number, if applicable)
4.	04/01/2008 5	Perpetual Duration: Year limited liability company will cease to
•	(Date of Organization) (Duration: Year limited liability company will cease to xist or "perpetual")
6.	Planned for April 16, 2010	
•	(Date first transacted business in Florida, (See sections 608.501 & 608.502 F.S. to de	if prior to registration.) termine penalty liability)
7.	6137 NE 63rd St	20 × 20 × 20 × 20 × 20 × 20 × 20 × 20 ×
		ncipal Office) ARE ARE SSECTION ARE SSECTIO
	Vancouver, WA 98661	>>
	(Street Address of Pri	ncipal Office)
3.	If limited liability company is a manager-managed com	pany, check here
) . '	The name and usual business addresses of the managing	
	Luis Lajous, 6137 NE 63rd St, Vancouver, WA 98	661
hej	Attached is an original certificate of existence, no more than 90 days of unisdiction under the law of which it is organized. (A photocopy is no	ot acceptable. If the certificate is in a foreign language, a
rans	slation of the certificate under oath of the translator must be submitted.)
11.	Nature of business or purposes to be conducted or pro-	moted in Florida:
_	Retail sales of teeth whitening	products & services
	Mellore	ou
	Signature of a member or an authori (In accordance with section 608.408(3), F.S., the an affirmation under the penalties of perjury tha	e execution of this document constitutes
	Mark J. Mo	erman
	Typed or printed nam	ne 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:	
Beaming White, LLC	
f 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:	_
InCorp Services, Inc.	
(Name)	
17888 67th Court North	
Florida Street Atkliness (P.O. Box NOT ACCEPTABLE)	
Loxahatchee,#ji_33470 City/State/Zip	
Having heen 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 abligations of my position as registered agent as provided for in Chapter 608, Florida Statutes. Ana Archivery AMAPSLAACES, INC.	stere
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Conv (nutional)	

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE :

The First State

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

DELAWARE, DO HEREBY CERTIFY "BEAMING WHITE, 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-SEVENTH DAY OF JANUARY, A.D. 2010.

4527776 8300

100079239

AUTHENTY CATION: 7783533

DATE: 01-27-10

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