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	(Busi	ness Entity Na	ame)	
	(Doci	ıment Numbe	r)	
Certified Copies		Certificate	es of Status	

Special Instructions to Filing Officer:

L. SELLERS

FEB - 9 2011

EXAMINER

Office Use Only



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02/09/11--01023--022 **25-0



COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	Pravana International LLC	
	Name of Limited Liability Company	
	ed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," and check are submitted to register the above referenced foreign limited liability company to transact business.	
Please return	rn all correspondence concerning this matter to the following:	
	Steven Goddard	
	Name of Person	
	Pravana International LLC	
	Firm/Company	
	23285 Ventura Blvd.	
	Address	
	Woodland Hills, CA 91364	
	City/State and Zip Code	
	sgoddard@pravana.com	
	E-mail address: (to be used for future annual report notification)	
For further in	information concerning this matter, please call:	
Ste	teven Goddard at (818) 347-4705	
	Name of Person Area Code & Daytime Telephone Number	
	AILING ADDRESS: STREET ADDRESS:	
	vision of Corporations gistration Section Division of Corporations Registration Section	
	D. Box 6327 Clifton Building	
Tall	llahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is	is a check for the following amount:	
✓ \$12:	25.00 Filing Fee \$\frac{1}{25.00}\$ \text{ Filing Fee & Certificate of Status}\$\$\frac{1}{25.00}\$ \text{ Filing Fee & Certified Copy}\$\$\$\$ Certified Copy	e
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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:

	ED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. <u>P</u>	ravana International LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
	(Name of Foreign Entitled Elability Company, must include Elimited Elability Company, E.E.C., or EEC.)
conser	me unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written at of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability any," "L.L.C," "LLC.")
2. <u>Te</u>	
	risdiction under the law of which foreign limited liability (FEI number, if applicable) appany is organized)
4. 8/	13/04 5. perpetual
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. 1/	/1/10
_	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. <u>2</u>	511 Bay Blvd., Unit B
In	dian Rocks Beach, FL 33785
_	(Street Address of Principal Office)
8. If	limited liability company is a manager-managed company, check here
9. Tł	ne name and usual business addresses of the managing members or managers are as follows:
s	teven Goddard
2	3285 Ventura Blvd.
V	Voodland Hills, CA 91364
the juri	tached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in isdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a tion of the certificate under oath of the translator must be submitted.)
11. N	Nature of business or purposes to be conducted or promoted in Florida: Wholesale sales of
b€	eauty supply products
	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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817:155, F.S.P
	Steven Goddard

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	of the Limited Liability Company is:
Pravana I	nternational LLC
If unavailable,	the alternate to be used in the state of Florida is:
2. The name a	nd the Florida street address of the registered agent and office are:
	Michelle Chandler
	(Name)
	2511 Bay Blvd., Unit B
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Indian Rocks Beach _{FL} 33785
	City/State/Zip

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)

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Hope Andrade Secretary of State

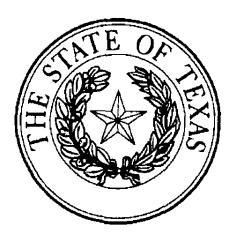
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Organization for PRAVANA INTERNATIONAL LLC (file number 800376273), a Domestic Limited Liability Company (LLC), was filed in this office on August 13, 2004.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 21, 2011.



Prepared by: SOS-WEB

Hope Andrade Secretary of State

Come visit us on the internet at http://www.sos.state.tx.us/ Phone: (512) 463-5555 Fax: (512) 463-5709

TID: 10264

Dial: 7-1-1 for Relay Services Document: 351072590003