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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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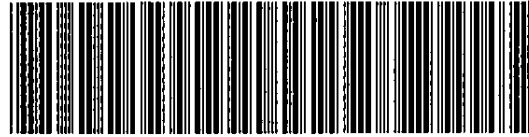
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan DEC 16 2011

# THE DORCEY LAW FIRM, PLC

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*Joshua O. Dorcsey, Esq.*

*Estate Planning, Business Planning,  
Asset Protection & Litigation*

December 1, 2011

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

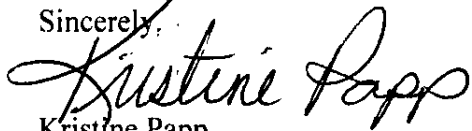
Re: SKIN DEEP LASER, LLC

To Whom It May Concern:

Please find attached the Cover Letter, Application By Foreign Limited Liability Company, Certificate of Designation of Registered Agent/Registered Office, Certificate of Organization, and a check for the above listed Limited Liability Company filing fees and Certificate of Status.

If you have any questions or concerns, please feel free to contact the office at the information provided at the bottom of this letter.

Sincerely,



Kristine Papp,  
Paralegal to Joshua O. Dorcsey, ESQ.

Enclosures: ck#: 1166



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 6, 2011

JOSHUA O. DORCEY  
THE DORCEY LAW FIRM, PLC  
10181 SIX MILE CYPRESS PKWY. STE. C  
FORT MYERS, FL 33966

SUBJECT: SKIN DEEP LASER LLC  
Ref. Number: W11000061077

We have received your document for SKIN DEEP LASER LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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) 245-6067.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 111A00027291

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JOSHUA O. DORCEY

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JOSHUA O. DORCEY

Name of Person

THE DORCEY LAW FIRM, PLC

Firm/Company

10181 SIX MILE CYPRESS PKWY.; STE. C

Address

FORT MYERS, FLORIDA 33966

City/State and Zip Code

JOSH@DORCEYLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSHUA O. DORCEY

Name of Person

at ( 239 ) 418-0169

Area Code & Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, 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 amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN  
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

**1. SKIN DEEP LASER LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

**SKIN DEEP LASER OF SW FLORIDA, 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.")

**2. WYOMING**

(Jurisdiction under the law of which foreign limited liability company is organized)

**3.**

(FEI number, if applicable)

**4. NOVEMBER 29, 2011**

(Date of Organization)

**5.**

**PERPETUAL**

(Duration: Year limited liability company will cease to exist or "perpetual")

**6.**

(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

**7. 5490 BRYSON DRIVE**

**NAPLES, FLORIDA 34109**

(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:**

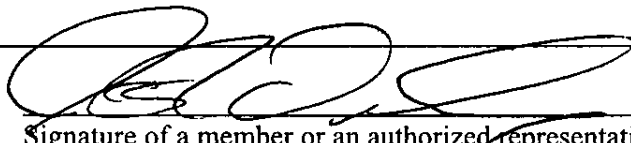
**MARY ELLEN GARDIEPY**

**5490 BRYSON DRIVE**

**NAPLES, FLORIDA 34109**

**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: ALL LAWFULL PURPOSE**



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.)

**JOSHUA O. DORCEY**

Typed or printed name of signee

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11 DEC 16 PM 1:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

**SKIN DEEP LASER LLC**

If unavailable, the alternate to be used in the state of Florida is:

**SKIN DEEP LASER OF SW FLORIDA LLC**

2. The name and the Florida street address of the registered agent and office are:

**THE DORCEY LAW FIRM, PLC**

(Name)

**10181 SIX MILE CYPRESS PKWY; STE C**

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

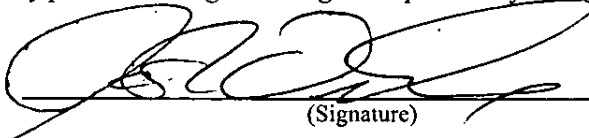
**FORT MYERS**

**FL 33909**

City/State/Zip

**FILED**  
**11 DEC 16 PM 1:39**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

*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)

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

**STATE OF WYOMING**  
**Office of the Secretary of State**

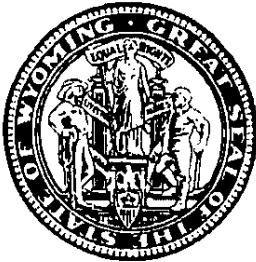
I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,


**SKIN DEEP LASER, LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **November 29, 2011**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2011-000612161**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 13th day of December, 2011 at 2:39 PM. This certificate is assigned 011275116.



  
Secretary of State