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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP      ☐ WAIT      ☐ MAIL

(Business Entity Name)

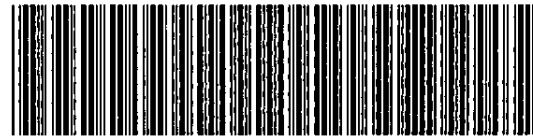
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LEGISLATIVE COUNCIL OF FLORIDA  
TALLAHASSEE, FLORIDA

1495m

W11-58360

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Tattoos By Lisa LLC  
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:

ELISA C. FASULO

Name of Person

The Tattoo Learning Center

Firm/Company

1301 Curry Rd.

Address

Schenectady, NY 12306

City/State and Zip Code

Tattoo LC @ aol.com

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

For further information concerning this matter, please call:

ELISA C. FASULO at (518) 428-4271

Name of Person

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

(already sent in)

**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 TRANSACTIONS BUSINESS IN THE STATE OF FLORIDA:

1. Tattoos By Lisa 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.")

2. New York 3. 26 374 6207  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 7/7/07 5. perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

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

7. 1301 Curry Rd  
Schenectady NY 12306  
(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:

MGRM-ELISA FASULO-PO Box 106 ALBANY, NY, 12009  
MGRM-JEFFREY LOOMAN-PO Box 106 ALBANY, NY, 12009

★ 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: Tattoo School

Elisa Fasulo

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.)

ELISA C. FASULO

Typed or printed name of signee

FILED  
12 FEB - 3 PM 4:14  
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:

TATTOOS By Lisa LLC  
(DBA The Tattoo Learning Center)

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:

Heather Bell  
(Name)

8916 SW 213<sup>th</sup> Terrace Rd  
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Dunnellon FL 34431  
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.*

Heather Bell  
(Signature)

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

**State of New York**  
**Department of State** } ss:

I hereby certify, that TATTOOS BY LISA, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 09/07/2007, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment TATTOOS BY LISA, LLC, changing its name to THE TATTOO LEARNING CENTER, LLC, was filed 07/14/2010.



\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 20th day of January two  
thousand and twelve.*

*First Deputy Secretary of State*