M1200001699

(Req	uestor's Name)	_
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Dan		·
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
ms		
•		

Office Use Only



700220371817

02/06/12--01022--009 **130.00

SECRETARY OF STATION TALLAHASSEF, FLORE

2012 HAR 27 AM 8: 42

J. SAULSBERRY EXAMINER MAR 27 2012

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Ageless Aesthetic Institute, L.L.C.	
Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business Existence, and check are submitted to register the above referenced foreign limited liability company to the compa	
Please return all correspondence concerning this matter to the following:	
Jeffrey T. Salway	
Name of Person	
Ageless Aesthetic Institute, L.L.C.	<u>. </u>
Firm/Company	
0.450.5 / 0	77 2
3452 Fairway Commons Drive	
Address	AR E T
Hilliard, Ohio 43026	ZUIZ HAR 27 AL SHCRETARY OF ALLAHASSEE.
City/State and Zip Code	THE COURT
	AM 8: 42 OF STATE OF LORID
jtsbiz@columbus.rr.com	<u> </u>
E-mail address: (to be used for future annual report notification)	5 5
For further information concerning this matter, please call:	
Jeffrey T. Salway at (614) 561-4049	
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: \$\int_{125.00}\$ \text{Filing Fee} \text{Fee} \text{\$\subseteq} \$\su	

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:

LI.	MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
i.	Ageless Aesthetic Institute, L.L.C.
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
co	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written insent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C," "LLC.")
	Ohio 3. 45-4131006
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4.	10/19/2004 5. Perpetual
	(Date of Organization) (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.	
	Hilliard, Ohio 43026
	(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:
	Sharon P. McQuillan
	19495 Biscayne Blvd, Suite 200
	Aventura, FL 33180
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in a jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a inslation of the certificate under oath of the translator must be submitted.)
11	. Nature of business or purposes to be conducted or promoted in Florida: Training programs
	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.) Jeffrey T. Salway

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.

he state of Florida is:	
s of the registered agent and office a	are:
(Name)	
19495 Biscayne Blvd, Suite 200	
idiess (1.0. Dox <u>NOT</u> Accer (Abia)	2012 MAR 27 SECRETARÝ ALLAHASSE
_{FL} 33180	
City/State/Zip	FLOR STA
to accept service of process for the a this certificate, I hereby accept the a	ibove stated limited 5
- s	(Name) (Name)

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

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show AGELESS AESTHETIC INSTITUTE, L.L.C., an Ohio Limited Liability Company, Registration No. 1496107, was organized within the State of Ohio on October 19, 2004, is currently in FULL FORCE AND EFFECT upon the records of this office.

FILED

2012 MAR 27 AM 8: 42

SECRETARY OF STATE

TALLAHASSEE, FI DOBLE



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 9th day of February, A.D. 2012.

Ohio Secretary of State

Validation Number: 201203900752