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EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations				
oun r	CT. Lifestyle Lift Skincare,	IIC			
SUBJE	e.,	me of Limited Liability Company	-		
771			:- P1:4-	الراسية	
		bility Company for Authorization to Transact Business above referenced foreign limited liability company to tra			
Please	eturn all correspondence concerning this ma	atter to the following:	•		
	the man to help and the ma	to the following:			
•	Michael C. McKinnon, E	sq.			
	,	Name of Person	<u>.</u>		
		,			
	Lifestyle Lift Holding, Inc.	Firm/Company			
		, company			
	100 Kirts Blvd., Suite A		₹	20	
		Address	(1) (6)	2012 H	-
	Troy, MI 48084		基 征	70 20	
	170y, WI 40004	City/State and Zip Code	(A) ====================================	29	}
		·	के हैं। ज्यानी	*	
	mmckinnon@lifestyle	lift.com	0	哥	g _{terte} .
	E-mail address: (to be used for future annual report notification)	ĨA.	(D)	
For fur	her information concerning this matter, plea	ase call:			
	Michael C. McKinnon	_{at (} 248) 519-9128			
	Name of Person	Area Code & Daytime Telephone Number			
-	MAILING ADDDESS.	CTREET ADDRESS.			
	MAILING ADDRESS: Division of Corporations	STREET ADDRESS: Division of Corporations			
	Registration Section P.O. Box 6327	Registration Section			
	Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle			
		Tallahassee, FL 32301			
Enclos	ed is a check for the following amou	int:			
	\$125.00 Filing Fee \$130.00 Filing Fe	ee & \$155.00 Filing Fee & \$160.00 Filing Fe		ate	
	☐ Certificate of Sta	ttus Certified Copy of Status & Certi	пец Сору		

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. Lifestyle Lift Skincare, 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 att consent of the managers or managing members adopting the alternate name. The alternate name must include Company," "L.L.C," "LLC.")	
2. Michigan (Jurisdiction under the law of which foreign limited liability company is organized) 3. 45-4662032 (FEI number, if applicable company is organized)	<u>e)</u>
4. 02/22/2012 (Date of Organization) 5. Perpetual (Duration: Year limited liability compression or "perpetual")	any will cease to
6. N/A	28
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7 100 Kirts Blvd., Suite A	HAR 29
Troy, MI 48084 (Street Address of Principal Office)	<u> </u>
8. If limited liability company is a manager-managed company, check here	A CONTRACTOR
9. The name and usual business addresses of the managing members or managers are as f	follows:
David M. Kent, 100 Kirts Blvd., Suite A, Troy, MI 48084 - Managing member	ər
·	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official has the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fortranslation of the certificate under oath of the translator must be submitted.)	
11. Nature of business or purposes to be conducted or promoted in Florida: Retail sales o	ver the internet
- M	· ·
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	
penalties of perjury that the facts stated herein are true. I am aware that any false information su	

Typed or printed name of signee

David M. Kent

document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

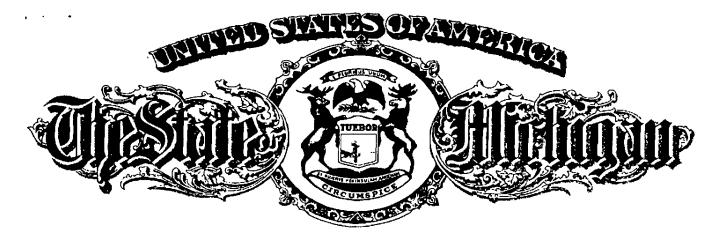
PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

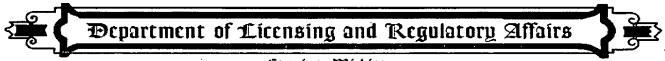
If unavailable, the alternate to be	e used in the state of Florida is:	2012 KAR
2. The name and the Florida stre	eet address of the registered agent and office are:	1 29 E
NRAI Services	s, Inc.	71
·	(Name)	
515 East Par	rk Avenue	
Flori	da Street Address (P.O. Box NOT ACCEPTABLE)	
Tallahassee	_{FL} 32301	
•	City/State/Zip	

obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes. NRAI Services, Inc.

Lindsey Hernandez, Assistant Secretari

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





Lansing, Michigan

This is to Certify That

LIFESTYLE LIFT SKINCARE, LLC

was validly organized on February 22, 2012 as a Limited Liability Company. Said Limited Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 20th day of March, 2012

Bureau of Commercial Services