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(R	equestor's Name)			
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(C	ity/State/Zip/Phone	⇒ #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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BECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	_{CCT:} Zuzumilan LLC				
		ne 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:					
		Janna Ronert			
		Name of Person			
	Zuzumilan LLC				
	Firm/Company				
	7130 Seacrest Boulevard				
		Address			
	Lantana, Florida 33462				
		City/State and Zip Code			
	jannaronert@imageskincare.com				
	E-mail address: (t	o be used for future annual report notification)			
For fur	ther information concerning this matter, pleas	se call:			
	Janua Danari	., 561 791 -2602			
	Janna Ronert Name of Person	at (561)791 -2602 Area Code & Daytime Telephone Number			
	MAILING ADDRESS: Division of Corporations	STREET ADDRESS: Division of Corporations			
	Registration Section	Registration Section			
	P.O. Box 6327	Clifton Building			
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301			
	sed is a check for the following amounts 125.00 Filing Fee \$130.00 Filing Fee Certificate of State	e & \$\Bigcap\$155.00 Filing Fee & \$\Bigcap\$160.00 Filing Fee, Certificate			



November 2, 2012

JANNA RONERT 7130 SEACREST BLVD. LANTANA, FL 33462

SUBJECT: ZUZMMILAN LLC Ref. Number: W12000055923

We have received your document for ZUZMMILAN LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 412A00026765

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:

LIM	MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	
1.	Zuzumilan, LLC	
-	Zuzumilan, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
cons	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the visent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability mpany," "L.L.C," "LLC.")	
2	State of Delaware Jurisdiction under the law of which foreign limited liability 3. 46-0860888 (FEI number, if applicable)	
(J	Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4	August 24th, 2012 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to	
	(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	7130 Seacrest Boulevard	3 7
	Lantana, Florida 33462	
-	(Street Address of Principal Office)	= [
8 . 1	If limited liability company is a manager-managed company, check here	A 8: 48
9. 7	The name and usual business addresses of the managing members or managers are as follows:	΄ Φ
	Janna Ronert - 7130 Seacrest Boulevard, Lantana, Florida 33462	
	Dr. Marc Ronert - 7130 Seacrest Boulevard, Lantana, Florida 33462	
the ji trans	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of recojurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a slation of the certificate under eath of the translator must be submitted.) Nature of business or purposes to be conducted or promoted in Florida:	nds in
_	Commercial Real Estate Rental Property	
	Janus m. 1 on	
	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.)	
	Janna Ronert	
	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 the Limited Liab	ility Company is:	
N-arr-	Zuzumilan, LLC	
If unavailable, the alternate to be	used in the state of Florida is:	
2. The name and the Florida stre	et address of the registered agent and office	are:
	Janna Ronert	2012 TAI
	(Name)	CRET
	7130 Seacrest Boulevard	ASSE
Floric	da Street Address (P.O. Box NOT ACCEPTABLE)	OF STA
	Lantana, FL 33462 City/State/Zip	TATE ORIDA
liability company at the place designated agent and agree to act in this cape relating to the proper and completed obligations of my position as regis	agent and to accept service of process for the ignated in this certificate, I hoveby accept the accept. I further agree to comply with the provise performance of my duties, and I am familian stered agent as provided for in Chapter 608, F. (Signature) \$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Age	appointment as registered sions of all statutes with and accept the lorida Statutes.

\$ 30.00 \ Certified Copy (optional)

5.00 Certificate of Status (optional)

Delaware

PAGE :

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ZUZUMILAN LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW,

AS OF THE TWENTY-NINTH DAY OF NOVEMBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ZUZUMILAN"

LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF AUGUST, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE:

5203736 8300

121275332

AUTHENT CATION: 0020986

DATE: 11-29-12

You may verify this certificate online at corp. delaware. gov/authver.shtml