4000063

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000059558 3)))



H140000595583ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SUPERBIZ.COM, INC.

Account Number : I20070000160

: (800)494-3124

Fax Number

: (561)455-9885

**Enter the email address for this business entity to be used for full reannual report mailings. Enter only one email address please.

Rmail Address:

Foreign Limited Liability Company Skin Health Marketing LLC

·	·
Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

H14000059558 3

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

	COMPLIANCE WITH SECTION 603,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO F MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	EGISTER A F	OREIG
1	SKIN HEALTH MARKETING LLC		
1.	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or	"LLC.")	~
COT	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach usent of the managers or managing members adopting the alternate name. The alternate name must include "mpany," "L.L.C," "LLC.")	a copy of the Limited Liabil	written ity
2.	DELAWARE 3, 46-5023120		
7	Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)		~
4.	UPON QUALIFICATION	<i>\$</i> 0	
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	7.3	¥
5.	13193 SW 21ST STREET	12.5	70
	MIRAMAR, FLORIDA 33027	333	` *29
	(Street Address of Principal Office)	77	īĸ
6	13193 SW 21ST STREET	Q 5	ب ب س ـ
	MIRAMAR, FLORIDA 33027	TEA	9
	(Mailing Address)	- 	_
7,	The name, title or capacity and address of the person(s) who has/have authority to manag	e is/are:	
	AMBR: LADYNEZ ESPINAL, 13193 SW 21ST STREET, MIRAMAR, FLORIDA	33027	
			-
<u> </u>			-
			-
8. 2	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having	g custody of rex	conds
	ne jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a for slation of the certificate under eath of the translator must be submitted.)	rign language,	a
	×		
	Signature of an authorized person		
	(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation undependence of perjury that the facts stated herein are true. I am aware that any false information submit		
	document to the Department of State constitutes a third degree felony as provided for in s.817.		
	LADYNEZ ESPINAL		
	Typed or printed name of signee		

1. The name of the Limited Liability Company is:

CERTIFICATE OF DESIGNATION OF H14000059558 3 REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 used in the sta	ate of Florida is:	
2. The name s	nd the Florida street address of t	he registered agent and office are:	
	LADYNEZ ESPINAL		
		(Name)	
•	13193 SW 21ST STREET	,	_
	Florida Street Address	s (P.O. Box NOT ACCEPTABLE)	
	MIRAMAR	_{FL} 33027	
			_

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 605, Florida Statutes.

H14000059558 3

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SKIN HEALTH MARKETING 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 FOURTH DAY OF MARCH, A.D. 2014.

5490652 8300

140279043

iou may verify this destilicate online at dorp. delaware, gov/suthver, shiml

AUTHENTECATION: 1173955

DATE: 03-04-14

H14000059558 3