# M14000003266

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DEPARTMENT OF STAN

B. BOSTICK

MAY 1 4 2014

**EXAMINER** 



ON SERVICE COMPANY.
ACCOUNT NO. : 12000000195
REFERENCE : 117079 5165575
AUTHORIZATION : THE BELLE OF THE STATE OF TH
COST LIMIT : \$ 125.00
ORDER DATE: May 2, 2014
ORDER TIME : 12:24 PM
ORDER NO. : 117079-005
CUSTOMER NO: 5165575
FOREIGN FILINGS
NAME: R2 SALONS LLC
XXXX QUALIFICATION (TYPE: LL)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Susie Knight EXT# 52956
EXAMINER:

#### **COVER LETTER**

SUBJECT:	R2 SALONS LLC		:
•		Name of Limited Liability Company	
		liability Company for Authorization to Transact Business in Florice above referenced foreign limited liability company to transact be	
Pleașe return	all correspondence concerning this	matter to the following:	•
	Laura Apolio, Paralegal		
		Name of Person	<del></del>
	R2 Salons, LLC		
		Firm/Company	<del></del>
	35 Sawgrass Drive		
		Address	<del></del>
	Beliport, New York 11713		
	, 4	City/State and Zip Code	<del></del>
	4rickysnyc@gmail.com		
		s: (to be used for future annual report notification)	
For further in	formation concerning this matter, pl	lease cali:	- C3
Lau	ra Apollo	at (631 ) 396-2474	
	Name of Person	Area Code Daytime Telephone Number	
Divi Regi	ILING ADDRESS: sion of Corporations stration Section Box 6327 ahassee. FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle	∵

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A POREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

		se of transacting business in Florida and attach a copy of nate name. The alternate name must include "Limited Li	
New York	3	20-3583915	
(Jurisdiction under the law of which foreign li company is organized)	mited liability	(FEI number, if applicable)	<del></del>
<b>1.</b>			
(Date first transacte (See sections 605.090	d business in Flo 14 & 605.0905, F	rida. if prior to registration.) S. to determine penalty liability)	
5. 114 West 26th Street, 5th Floor			
New York, New York 10001			
	(Street Address	of Principal Office)	
R2 SALONS LLC c/o Legal Dept.	<del></del>		
35 Sawgrass Drive, New York 11713		and (	
	(Mailin	g Address)	
7. The name, title or capacity and addre	ess of the perso	on(s) who has/have authority to manage is/are:	
James Richard Parrott, President			Ü
114 West 26th Street, 5th Floo	or, New Yor	k, New York 10001	
			:
			, ,

Signature of an authorized person

(In accordance with section 605.0203, 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.)

James Richard Parrott

Typed or printed name of signee

### CERTIFICATE OF DESIGNATION OF 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.

1. The nan	ne of the Limited Liability Co	ompany is:	;		
R2 SALONS LLC					
If unavailal	ole, the alternate to be used in	the state of Florida is:	·		
2. The nan	ne and the Florida street addr	ess of the registered agent and office are:			
	Corporation Service Company				
		(Name)	5.7		
	1201 Hays Street	,			
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		1, 0		
	Tallahassee	FL 32301			
		City/State/Zip	; <u>;</u>		

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.

Corporation Service Company Assistant Vice President

(Signarde)

\$ 100.00 Filing Fee for Application

S 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 R2 SALONS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 10/04/2005, and that the Limited Liability Company is existing so far as shown by the records of the Department.



201405130110 \* 45

Witness my hand and the official seal of the Department of State at the City of Albany, this 12th day of May two thousand and fourteen.

Anthony Giardina

Executive Deputy Secretary of State