

MI4000004051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

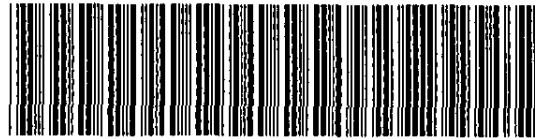
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700260860027

06/11/14--01001--012 \*\*155.00

RECEIVED  
DEPARTMENT OF STATE  
OFFICE OF THE SECRETARY  
2014 JUN 10 PM 4:47  
2014 JUN 10 PM 12:13  
FILED  
TOLSON  
TO/ADMINISTRATIVE  
SUFFICIENT OFFICING  
GENERAL INVESTIGATIVE  
INVESTIGATIVE DIVISION

JUN 11 2014

D. BRUCE

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

GRAND ISLAND ENTERPRISES LLC

Signature \_\_\_\_\_

Requested by: SETH

06/10/14

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
4 \_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_

FILED  
2014 JUN 10 PM 12:13  
TALLAHASSEE, FLORIDA  
CLERK OF CIRCUIT COURT

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GRAND ISLAND ENTERPRISES LLC  
Name 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:

Joseph Calabria Jr or David Gutierrez

Name of Person

Grand Island Enterprises LLC

Firm/Company

5082 E. Hampden Ave #316

Address

Denver Colorado 80222

City/State and Zip Code

grandislandenterprises@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Gutierrez

Name of Contact Person

at ( 303 ) 324-4714

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:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☒ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

FILED  
2014 JUN 10 PM 12:13  
TALLAHASSEE, FLORIDA

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

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

**1. GRAND ISLAND ENTERPRISES LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Utopia Salon and Day Spa LLC  
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

**2. Colorado**

(Jurisdiction under the law of which foreign limited liability company is organized)

**3. 26-2806796**

(FEI number, if applicable)

**4.**

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

**5. 3214 S.E. Federal Highway**

**Stuart Florida 34997**

(Street Address of Principal Office)

**6. 5082 E. Hampden Ave #316**

**Denver Colorado 80222**

(Mailing Address)

**7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:**

**Joseph Calabria Jr and/or David Gutierrez as Managers**

**Grand Island Enterprises LLC**

**5082 E. Hampden Ave #316 Denver Co 80222**

**8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)**

David V. Gutierrez

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 §817.155, F.S.)

**David Gutierrez**

Typed or printed name of signee

FILED  
2014 JUN 10 PM 2:13  
CLERK OF THE COURT  
FLORIDA  
JULIA S. SMITH, CLERK

**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 name of the Limited Liability Company is:

**Grand Island Enterprises LLC**

If unavailable, the alternate to be used in the state of Florida is:

**UTOPIA SALON AND DAY SPA LLC**

2. The name and the Florida street address of the registered agent and office are:

**Raymont Masciarella II**

(Name)

**840 U.S. Highway One Suite 340**

Florida Street Address (P.O. Box NOT ACCEPTABLE)

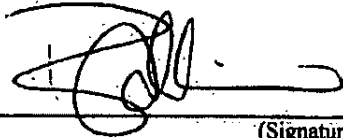
**North Palm Beach**

**FL**

**33408**

City/State/Zip

*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.*



(Signature)

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

RECEIVED  
TAMM AINSWORTH  
FEB 10 2014

2014 JUN 10 PM 12:13

FILED

**WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE  
STATE OF FLORIDA**

We, the undersigned, do hereby certify that I am the Authorized Person

of Grand Island Enterprises LLC

(Name of Limited Liability Company)

a limited liability company duly organized and existing under the laws of

Colorado

(State or Country of Organization)

Because the name of this foreign limited liability company does not satisfy the

requirements of the s. 605.0112, F.S., the limited liability company hereby adopts the

following name to transact business in the state of Florida:

Utopia Salon and Day Spa LLC

(Name to be used by limited liability company in Florida. NOTE: Name must contain Limited Liability Company, L.L.C., or LLC.)

Dan V. Gutierrez

Signature Authorized Person

6-10-14

Date

FILED  
JUN 10 PM 12:13  
TALLAHASSEE, FLORIDA

FILED

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE**

I, Scott Gessler, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

**Grand Island Enterprises, LLC**

is a **Limited Liability Company** formed or registered on 06/16/2008 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20081322914.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 05/21/2014 that have been posted, and by documents delivered to this office electronically through 05/23/2014 @ 08:29:48.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 05/23/2014 @ 08:29:48 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 8857672.



Secretary of State of the State of Colorado

SECRETARY OF STATE  
PAUL ANASSEFLOPOULOS

2014 JUN 10 PM 12:13

FILED

\*\*\*\*\*End of Certificate\*\*\*\*\*

*Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <http://www.sos.state.co.us/br/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click Business Center and select "Frequently Asked Questions."*