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Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CORP USA

Account Number : 072450003255

Phone : (305) 634-3694

Fax Number : (786) 409-5946

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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14 JUN 11 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company

AIRELLE SKIN LLC

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$125.00

75830

Electronic Filing Menu

Corporate Filing Menu

Help

414000138053

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Airelle Skin 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:

Stephanie Scheinman

Name of Person

Airelle Skin LLC

Firm/Company

11919 SW 42 Ct

Address

Davie, FL 33330

City/State and Zip Code

s.scheinman@airelleskin.com

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

For further information concerning this matter, please call:

Stephanie Scheinman

at 305

799-0064

Name of Contact Person

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

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. Airelle Skin L.L.C.

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

Airelle Skincare L.L.C.

(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. California

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

3. 45-5577351

(FEI number, if applicable)

4. 04/25/2014

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

5. Airelle Skin LLC

3415 Ivy Trail, Calabasas, CA 91302

(Street Address of Principal Office)

6. Attn: Stephanie Scheinman

11919 SW 42 Ct, Davie, FL 33330

(Mailing Address)

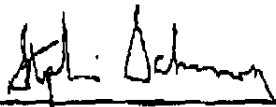
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Stephanie Scheinman

Director of Finance and Operations

11919 SW 42 Ct, Davie, FL 33330

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)



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.)

Stephanie Scheinman

Typed or printed name of signer

FILED
2014 JUN 11 AM 8:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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:

Airelle Skin L.L.C.

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

Airelle Skincare L.L.C.

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

Stephanie Scheinman

(Name)

11919 SW 42 Ct

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

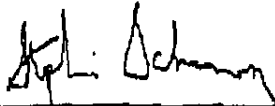
Davie

FL

33330

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)

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2014 JUN 11 AM 8:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



State of California
Secretary of State

LLC-1

File # 201216110481

LIMITED LIABILITY COMPANY
ARTICLES OF ORGANIZATION

FILED
In the Office of the Secretary of State
of the State of California

MAY 31 2012

A \$70.00 filing fee must accompany this form.

IMPORTANT - Read instructions before completing this form.

This Space For Filing Use Only

ENTITY NAME (End the name with the words "Limited Liability Company," or the abbreviations "LLC" or "L.L.C." The words "Limited" and "Company" may be abbreviated to "Ltd." and "Co.," respectively.)

1. NAME OF LIMITED LIABILITY COMPANY

Airelle Skin LLC

PURPOSE (The following statement is required by statute and should not be altered.)

2. THE PURPOSE OF THE LIMITED LIABILITY COMPANY IS TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH A LIMITED LIABILITY COMPANY MAY BE ORGANIZED UNDER THE SEVERLY-KILLEA LIMITED LIABILITY COMPANY ACT.

INITIAL AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and both Items 3 and 4 must be completed. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1805 and Item 3 must be completed (leave item 4 blank).)

3. NAME OF INITIAL AGENT FOR SERVICE OF PROCESS

Kasey Drapeau D'Amato

4. IF AN INDIVIDUAL, ADDRESS OF INITIAL AGENT FOR SERVICE OF PROCESS IN CALIFORNIA CITY STATE ZIP CODE

3415 Ivy Trail

Calabasas CA 91302

MANAGEMENT (Check only one)

5. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY:

☒ ONE MANAGER

☐ MORE THAN ONE MANAGER

☐ ALL LIMITED LIABILITY COMPANY MEMBER(S)

ADDITIONAL INFORMATION

6. ADDITIONAL INFORMATION SET FORTH ON THE ATTACHED PAGES, IF ANY, IS INCORPORATED HEREIN BY THIS REFERENCE AND MADE A PART OF THIS CERTIFICATE.

EXECUTION

7. I DECLARE I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.

05/28/2012

DATE

SIGNATURE OF ORGANIZER

Kana Figueroa

TYPE OR PRINT NAME OF ORGANIZER

LLC-1 (REV 04/2007)

APPROVED BY SECRETARY OF STATE



State of California
Secretary of State

STATEMENT OF INFORMATION
(Limited Liability Company)

56

Filing Fee \$20.00. If this is an amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. LISTED LIABILITY COMPANY NAME

Airelle Skin LLC

FILED
In the office of the Secretary of State
of the State of California

JUN 28 2012

This Space For Filing Use Only

File Number and State or Place of Organization

2. SECRETARY OF STATE FILE NUMBER
201216110431

3. STATE OR PLACE OF ORGANIZATION (If formed outside of California)
CA

No Change Statement

4. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.

☐ If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 15.

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 5 and 7 cannot be P.O. Boxes.)

5. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE

3415 Ivy Trail

CITY

Calabasas

STATE

CA

ZIP CODE

91302

6. MAILING ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5

CITY

STATE

CA

ZIP CODE

91302

7. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY)

3415 Ivy Trail

CITY

Calabasas

STATE

CA

ZIP CODE

91302

Name and Complete Address of the Chief Executive Officer, if Any

8. NAME

ADDRESS

CITY

STATE

ZIP CODE

Name and Complete Address of Any Manager or Managers, or if None Have Been Appointed or Elected, Provide the Name and Address of Each Member (Attach additional pages, if necessary.)

9. NAME

Kasey Drapeau D'Amato

ADDRESS

3415 Ivy Trail

CITY

Calabasas

STATE

CA

ZIP CODE

91302

10. NAME

Stephen D'Amato

ADDRESS

3415 Ivy Trail

CITY

Calabasas

STATE

CA

ZIP CODE

91302

11. NAME

ADDRESS

CITY

STATE

ZIP CODE

Agent for Service of Process: If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California address; a P.O. Box is not acceptable. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 13 must be left blank.

12. NAME OF AGENT FOR SERVICE OF PROCESS

Kasey Drapeau D'Amato

13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL

3415 Ivy Trail

CITY

Calabasas

STATE

CA

ZIP CODE

91302

Type of Business

14. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY

Skin Care Product development and sales.

15. THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

08/10/2012

Tony Burroughs

Authorized Rep.

DATE

TITLE OR PRINT NAME OF PERSON COMPLETING THE FORM

TITLE

SIGNATURE

LLC-12 (REV. 01/2012)

APPROVED BY SECRETARY OF STATE

**State of California
Secretary of State**

CERTIFICATE OF STATUS

ENTITY NAME: AIRELLE SKIN LLC

FILE NUMBER: 201218110431
FORMATION DATE: 05/31/2012
TYPE: DOMESTIC LIMITED LIABILITY COMPANY
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of California this
day of May 28, 2014.

Debra Bowen

DEBRA BOWEN
Secretary of State

DLS

NP-25 (REV 1/2007)

06/11/2014 13:59
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