M1400005379

(Re	equestor's Name)	
(Ad	ldress)	<u> </u>
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(Cit	ty/State/Zip/Phone #/	
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
W14-4	5950	
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TO ACKNOWLEDGE SUFFICIENCY OF FILING RECEIVED

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2014 JUL 25 AM 9: 03

JUL 30 2014
D. BRUCE



FLORIDA DEPARTMENT OF STATE Division of Corporations

. July 28, 2014

FLORIDA FILING & SEARCH SERVICES

SUBJECT: STYLE ACCESS, LLC Ref. Number: W14000045950

We have received your document for STYLE ACCESS, LLC and the authorization to debit your account in the amount of \$155.00. However, the document has not been filed and is being returned for the following:

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 414A00016064

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

7/29/14

NAME:

STYLE ACCESS, LLC

TYPE OF FILING: FOREIGN REGISTRATION

COST:

155.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

ti,

SUBJEC	°r:	StyleAccess, LLC	
		ame of Limited Faldility Company	•
		iability Company for Authorization to Transact Business in Florida. a above referenced foreign limited liability company to transact busi	
Please ret	turn all correspondence concorning this	matter to the following:	
		Plance of Poison	
	Ca _l	Ditol Services - Corporate Filings Team TrimCompany	2014 JUL 25
	800 Brazos Ste 400		
		Austin TX 78701 City:Nute and Zip Code	
	regagen	ts@capitolservices.com	ن کالی نو
	loomail nddie	ess: (to be used for future unitual report multication)	9: 03
For furth	er information concerning this matter, pl	lease cult	
	Hame of Contact Person	at (800) 345-4647 Area Code Daytime Telephone Number	-
 	MAILING ADDRESS: Division of Corporation: Registration Section P.O. Box 6327 Callahassec, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clinon Building 2661 Executive Center Circle Talbihassee, Ft. 32301	
Enclose L	d is a check for the following am \$125.00 Pling Fee \$130.00 FI Certificate	ling Fee &\$155.60 Filing Fee &\$160.00 Filing Fee, C	

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 FORFIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. StyleAccess, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LI.C.")
(rame or sorting manner company, man more cames company company, access, or area,
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")
2. Texas (Junisdiction under the law of which foreign limited liability company is organized) 3 46-5454028 (FEI number, if applicable)
(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)
5. 14500 E. Beltwood Pkwy., Dallas, TX 75244
(Street Address of Principal Office)
6. 14500 E. Beltwood Pkwy., Dallas, TX 75244
The part of the pa
(Mudling Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Marc S. Powell, 14500 E. Beltwood Pkwy., Dallas, TX 75244 , Manager
David J. Farrage, Jr., 14500 E. Beltwood Pkwy., Dallas, TX 75244 , Manager
Norman C. Tracy, 14500 E. Beltwood Pkwy., Dallas, TX 75244 , Manager
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)
List ca
Senature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the genalties 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 follows as provided for in a \$17,155, F.S. 1
Typed or printed name of signee
cypea or printed name or signee

1

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.

StyleAccess	s, LLC	The state of the s	err ran van van van van van van van van van v	
If unavailable, the alternate to be used in the state of Flo	orida is:			
2. The name and the Florida street address of the regist	tered agent i	and office are:	NYTTY TO THE AND PARTICULAR OF	
Capitol Corp	oorate Ser	vices, Inc.	Jun 12	
155 Office Florida Street Address (P.O. Ho	e Plaza D ix not accet		SEVIN MI	i in
Tallahassee F1. Chy/Suo	a- e∕Zip	32301	AF SIA:	M 0: 03
Having been named as registered agent and to accept ser liability company at the place designated in this certifica registered agent and agree to act in this capacity—I furth standes relating to the proper and complete performance accept the obligations of my position as registered agent Standes.	ue, I hereby her agree to e of my duric	accept the appointma comply with the provis es, and I am familiar w	ed limited interest as sions of all ith and	ົມ

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5,00 Certificate of Status (optional)

(Signature)

Knsta オル I, Asst. Secretary on behalf of Capitol Corporate Services, Inc.

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Nandita Berry Secretary of State

Office of the Secretary of State

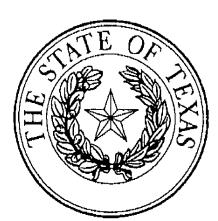
Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for StyleAccess, LLC (file number 801975656), a Domestic Limited Liability Company (LLC), was filed in this office on April 21, 2014.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Séal of State at my office in Austin, Texas on July 25, 2014

2014 JUL 25 AM 9: 03



NANDITA BERRY

Nandita Berry Secretary of State

Come visit us on the internet at http://www.sos.state.tx.us/

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 555320090003

Phone: (512) 463-5555 Prepared by: SOS-WEB