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2014 OCT - 7 A 11: 18  
DEPARTMENT OF STATE  
HONOLULU

B. BOSTICK

OCT - 8 2014



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 303873 7263192

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : September 19, 2014

ORDER TIME : 12:0 PM

ORDER NO. : 303873-001

CUSTOMER NO: 7263192

FOREIGN FILINGS

NAME: BEAUTY DETOX, 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: Courtney Williams -- EXT# 62935

EXAMINER: \_\_\_\_\_

FILED  
OCT - 1 A 11:13  
CLERK OF STATE

**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. BEAUTY DETOX, LLC

(Name of Foreign Limited Liability Company: must include "Limited Liability Company," "L.L.C.," or "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. Wyoming

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

3. 45-5275852

(FEI number, if applicable)

4. 08/04/2014

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

5. 5830 E. 2ND STREET

CASPER, WY 82609

(Street Address of Principal Office)

6. same as above

(Mailing Address)

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

JOHN PISANI, Member 5830 E. 2ND STREET CASPER, WY 82609

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.)

JOHN PISANI

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 name of the Limited Liability Company is:

BEAUTY DETOX, LLC

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

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

NICHOLAS T. DAVIS

(Name)

27219 SR 56

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

WESLEY CHAPEL

FL 33544

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.*

NICHOLAS T. DAVIS

By:



(Signature)

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

Signature: Nicholas T. Davis  
Nicholas T. Davis (Sep 29, 2014)

Email: [nick.davis@remax.net](mailto:nick.davis@remax.net)

2014 OCT -7 A 11:33  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

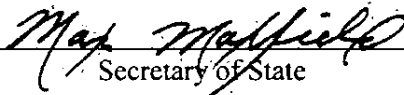
**Beauty Detox LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **May 11, 2012**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2012-000622128**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 7th day of October, 2014 at 11:11 AM. This certificate is assigned 016420624.



  
Secretary of State

**FILED**  
2014 OCT -7 AM 03  
OFFICE OF THE SECRETARY OF STATE  
CHEYENNE, WYOMING