m1500001960						
(Requestor's Name) (Address) (Address)	200268272102					
(City/State/Zip/Phone #)	01/28/1501018020 **155.00 `					
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	<b>FILED</b> 15 JAN 28 PH 12: 43 SECRETARY OF STATE TALL AHASSEE, FLORIDA					
Office Use Only						
	FEB = 6 2015 T. HAMPTON					

### **COVER LETTER**

TO: **Registration Section Division of Corporations** 

SUBJECT:	Indique Hair LLC
	Name of Limited Liability Company
	pplication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of neck 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:
	Amy Wilson Name of Person
	Name of Person
	Indique Hair LLC Firm/Company
	Firm/Company
	13 Highland Circle Address
	Address
	City/State and Zip Code
	City/State and Zip Code
	awilson@indiquehair.com
	E-mail address: (to be used for future annual report notification)
For further inform	mation concerning this matter, please call:
	Amy Wilson at (617) 531-1574 Name of Contact Person at (617) Daytime Telephone Number
	Name of Contact Person Area Code Davtime 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: □ \$130.00 Filing Fee & □ \$125.00 Filing Fee Certificate of Status

Certified Copy

■\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status & Certified Copy

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

1.	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limi bility Company," "L.L.C," or "LLC.")	ited
2. <u>7</u>	Massachusetts Jurisdiction under the law of which foreign limited liability 3. (FEI number, if applicable)	
	company is organized)	
4.	Scheduled to open Jiio/2015   (Date first transacted business in Florida, if prior to registration.) From 57   (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) From 77	
5.	7285 Biscayne Blvd	า
	Miami, FL 33138 (Street Address of Principal Office)	0
6.	13 Highland Circle	
	Needham, MA 02494 (Mailing Address)	

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

Krisha	n Jhalani	, Managing	Director	13 thia	hland	Circle	Needham,
			<b></b>				Mx 02494
_ Ubvid	ledeschi	, treneral (	ounsel	13 High	nland	Circle	Mr 02494 Needham, Mr 02494
							MADDYAY

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 telony as provided for in s 817.155, F.S.)

Krishan Jhalani Typed or printed name of signee

P.3/4

#### JAN-21-2015 10:36 FROM:

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PÚRSUANT 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 game of the Limited Liability Company is:

Indrane Hair LLC

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

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

in Cor D Services ( out t 17888 Florida Street Address (P.O. Box NOT ACCEPTABLE) oxahatchee 33470 FL.

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 agt 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, Haamonbehalf of Incorp Service inc (Signature) G 100,00 Filing Fee for Application \$ JAN 28 **Designation of Registered Agent** 25.00 S 30,00 Certified Copy (optional) S 5.00 Certificate of Status (optional) PH 12: 1 £



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

William Francis Galvin Secretary of the Commonwealth

January 12, 2015

### TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of Limited Liability Company was filed in this office by

## **INDIQUE HAIR LLC**

in accordance with the provisions of Massachusetts General Laws Chapter 156C on July 31, 2007.

I further certify that said Limited Liability Company has not filed a certificate of cancellation; that said Limited Liability Company has not been administratively dissolved; and that, so far as appears of record, said Limited Liability Company has legal existence.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Tranino Galecin

Secretary of the Commonwealth

Processed By:TAA