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## FLORIDA FILING & SEARCH SERVICES, INC.

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THERMIAESTHETICS, LLC

TYPE OF FILING: APPLICATION

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**AUTHORIZATION: ABBIE/PAUL HODGE** 

### COVER LETTER

TO:

TO:	Registration Section Division of Corporations
SUBJE	ThermiAesthetics, LLC
	Name of Limited Liability Company
The end Existen	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ce, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please 1	return all correspondence concerning this matter to the following:
	Tara Morales  Name of Person
	Capitol Services – Corporate Filings Team
	Firm/Company
	800 Brazos Ste 400 Address
	,
	Austin TX 78701
	City/State and Zip Code
	mmcdonald@thermi.com  E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
	Taramorales at 800, 345-4647
	Name of Contact Person Area Code Daytime Telephone Number  MAILING ADDRESS:  STREET ADDRESS:
	MAILING ADDRESS:  Division of Corporations  STREET ADDRESS:  Division of Corporations
	Registration Section Registration Section
	P.O. Box 6327  Tallahassee, FL 32314  Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Factor	d is a check for the following amount:
Livioat	\$125.00 Filing Fee \$\ \times \\$130.00 Filing Fee & \times \\$160.00 Filing Fee, Certificate Certificate of Status & Certified Copy 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. ThermiAesthetics (Name of Fore	3, LLC ign Limited Liability Company; must include "Limit	ed Liability Company," "L.L.C.," or "L	LC.'')	_	
(If name unavailable, enter at Liability Company," "L.L.C,	ternate name adopted for the purpose of transacting b	usiness in Florida. The alternate name	must include "I	Limited	
2. Texas					
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)			
4	(Date first transacted business in Florida, if to (See sections 605.0904 & 605.0905, F.S. to de	prior to registration.)			
5. 8304 Esters Blv	d., Suite 890				
Irving, TX 75063					
	(Street Address of Principal Office)				
6			SE SE		
			CA	50	
	(Mailing Address)		AHASS	0CT 20	:
7. Name and street addres	s of Florida registered agent: (P.O. Box NOT	acceptable)	SSE	20	C.S.ac
Name:	Capitol Corporate Services, Inc.		0	7	2.74
Office Address:	155 Office Plaza Dr Ste A		S SI	7:	į
	Tallahassee (City)	Florida 32301	<u> </u>	25	-
	` • • • • • • • • • • • • • • • • • • •	(Zip code)	>m		
Registered agent's accep Having been named as re	gistered agent and to accept service of process	for the above stated corporation at	the place de	signate	d in
this application, I hereby with the provisions of all.	accept the appointment as registered agent an statutes relative to the proper and complete per	d agree to act in this capacity. I fut formance of my duties, and I am f	rther agree to amiliar with	compl and acc	ly cept
the obligations of my pos		Krista Ali, Asst. Se			
	Knta Hu	of Capitol Corporat	•		
	(Registered agent's sign	nature)			
8. The name, title or caps	ecity and address of the person(s) who has/have	authority to manage is/are:			
Paul Herchman -	Manager		<del></del>		
8304 Esters Blvd.,	Suite 890	·			
Irving, TX 75063_					
9. Attached is a certificate jurisdiction under the law of the translator must be s	Talkel	a foreign language, a translation of t	stody of reco he certificate	rds in ti under c	he oath
	Signature of an authorized	•			
This document is executed submitted in a document to	i in accordance with section 605.0203 (1) (b), Fi the Department of State constitutes a third deg	lorida Statutes. I am aware that any f ree felony as provided for in s.817.1	alse informat 55, F.S.	ion	
	Paul Herchma				
	Typed or printed name of	signee			

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



Carlos H. Cascos Secretary of State

## Office of the Secretary of State

#### **Certificate of Fact**

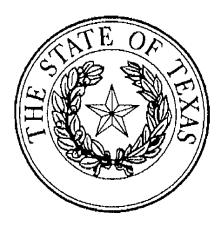
The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for ThermiVa, LLC (file number 802135226), a Domestic Limited Liability Company (LLC), was filed in this office on January 13, 2015.

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

15 OCT 20 SECRETARY TALLAHASSE

In testimony whereof, I have hereunto signed by name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 16, 2015

Section of the sectio



Carlos H. Cascos Secretary of State

Phone: (512) 463-5555 Prepared by: SOS-WEB 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: 634354980003