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SKIN MELODY LLC

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TO:	Registration Section Division of Corporation	ons					
SUBJE	Skin Melody LLC						
20000	:C1:	Name of 1	imited Liability C	ompany			
The enc Existence	closed "Application by Force, and check are submitted	eign Limited Liability Comp d to register the above refere	any for Authorizat aced foreign limit	ion to Tra ed liability	unsact Business in Florida," y company to transact busine	Certificate of ess in Florida.	
Please r	return all correspondence o	concerning this matter to the	following:				
	Mark R. Mohle	r					
	Name of Person						
	Corridor Legal,	Chartered					
	Firm/Company						
	907 E. Strawbridge Ave, Suite 101						
		Address					
	Melbourne, FL	Melbourne, FL 32901					
	City/State and Zip Code						
	mmohler@corrid	lorlegal.net					
	**************************************	E-mail address: (to be used	for future annual	report not	ification)		
For furt	ther information concerning	g this matter, please call:					
	Mark R. Mohler		321 at (473-33	37		
	Name o	of Contact Person	Area Code	Day	rtime Telephone Number		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section Building ecutive Center Circle see, FL 32301	,	
Enclose	ed is a check for the follow \$125.00 Filing Fee	ring amount: \$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Copy	g Fee &	\$160.00 Filing Fee, Co of Status & Certified Cop		

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 LIABILE COMPANY TO TRANSACT REGISTER'S INTHE STATE OF BLORIDA:

31.

27 -

. . .

f name unavailable, enter al	lternate name adopted for the purpose of trans	acting business in Florida. The alternate na	me must include "Limited
iability Company," "L.L.C."	or "LLC.")		
Delaware	3.	(FEI number, if applicable	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable	:}
1/3/16			
	(Date tirst transacted business in Flor (See sections 605.0904 & 605.0905, F.:	rida, if prior to registration.)	
390 N Orange Ave., Se		s. to determine penanty matrixy)	
			_
Orlando, FL 32801			
300 11 0	(Street Address of Principal	Office)	20
390 N Orange Ave., Su	ite 2300-D		- CC 6
Orlando, FL 32801			
	(Mailing Address)		GRETARY
Name and street address	ss of Florida registered agent: (P.O. Box	NOT accentable)	
Traile and gaves address	Corridor Legal, Chartered	<u>KOT</u> acceptancy	
Name:	Corridor 12 gar, Charteseu		
Office Address:	907 E. Strawbridge Ave		5: 24 5: 24 5: 14:E CRID
	Melbourne, FL	, Florida 32901	**
	(City)	(Zip code)	
	egistered agent and to accept service of pation, I hereby accept the appointment as		
complywith the provisi	ions of all statutes relative to the proper of my position as registered agont. (Registered agen		
complywith the provisi eccept the obligations of i	my position as registyred agont.	nt's signature)	
o complywith the provisic ccept the obligations of i	(Registered ages	nt's signature)	
o complywith the provision of the obligations of the obligation of the obligations of the obligation of the	(Régistered ages acity and address of the person(s) who has	nt's signature)	
o complywith the provision complywith the provision of the obligations of the obligations of the or capacitant R. Mohler, Manage 2007 E. Strawbridge Ave.,	(Régistered ages acity and address of the person(s) who has	nt's signature)	
8. The name, title or capa Mark R. Mohler, Manage 907 E. Strawbridge Ave., Melbourne, FL 32901	(Registered ager acity and address of the person(s) who have so of existence, no more than 90 days old, of which it is organized. (If the certificate submitted)	nt's signature) s/have authority to manage is/are: duly authenticated by the official having is in a foreign language, a translation	es, and I am familiar with
o complywith the provision coupt the obligations of the obligation of the obligation of the obligation obligations of the obligat	(Registered ager acity and address of the person(s) who have soft suite 101 e of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted) Signature of an automatical control of the certificate abmitted of the certificate above	nt's signature) s/have authority to manage is/are: duly authenticated by the official having is in a foreign language, a translation thorized person	g custody of records in the of the certificate under oath
o complywith the provision coupt the obligations of the obligations of the coupt the coup	(Registered ager acity and address of the person(s) who have so of existence, no more than 90 days old, of which it is organized. (If the certificate submitted)	nt's signature) s/have authority to manage is/are: duly authenticated by the official having is in a foreign language, a translation thorized person (b), Florida Statutes, I am aware that a	g custody of records in the of the certificate under oath

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SKIN MELODY LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE TWENTY-FIFTH DAY OF JANUARY, A.D. 2016.

16 JAN 28 PH 5: 28

5692654 8300

SR# 20160371041

Authentication: 201726498

Date: 01-25-16