

M160000001249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

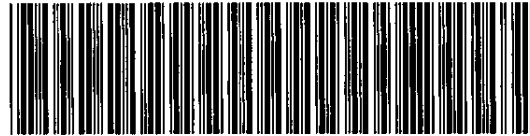
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/12/16--01009--009 **125.00

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16 FEB 12 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 15 2016

S. YOUNG

STYLOGIX

3850 Bird R., Suite 401
Miami, FL 33122

February 1, 2016

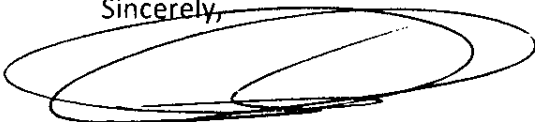
Division of Corporations
Registration Department
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed is the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, along with the Certificate of Existence from the State of Delaware and the Consent to Use Name. Also, enclosed is our check for the fee.

If you have any question please contact me at 305-300-0069

Sincerely,

A handwritten signature in black ink, appearing to read "Raul Cremata", enclosed within a large, hand-drawn oval.

Raul Cremata
Controller

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TALLAHASSEE, FLORIDA

STYLOGIX

3850 Bird R., Suite 401
Miami, FL 33122

CONSENT TO USE OF NAME

I Greg Stula, owner of Stylogix, Inc. and Stylogix, LLC, both organized under the laws of the state of Delaware, hereby release the use of the name Stylogix in the state of Florida on behalf of Stylogix, Inc. and consents to the use of the name by Stylogix, LLC.

IN WITNESS WHEREOF, Stylogix, Inc. has caused the consent to be executed this 1st day of February 2016.

STYLOGIX, INC.

By: 

Name: Greg Stula

Title: Owner and CEO

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TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stylogix, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check 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:

Raul Cremata
Name of Person

Stylogix, LLC
Firm/Company

3850 Bnd Rd Suite 401
Address

Miami, FL 33122
City/State and Zip Code

RCREMATA@STYLOGIX.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Raul Cremata at (305) 300-0069
Name of Contact Person Area Code Daytime 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:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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TALLAHASSEE, FL
SECRETARY OF STATE

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. Stylogix, 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. DELAWARE 3. 30-0892517
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 12/28/15
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3850 Bird Rd Suite 401
Miami, FL 33146
(Street Address of Principal Office)

6. 3850 Bird Rd Suite 401
Miami, FL 33146
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

NELSON MOJENA

Office Address:

6990 NW 25th St.

Miami, FL

Florida 33122
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

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

Beauty Star Group, LLC - Manager
3850 Bird Rd Suite 401
Miami, FL 33146

9. Attached is a 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. (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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

GREG STULA

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STYLOGIX 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 TWENTIETH DAY OF JANUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STYLOGIX LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF DECEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

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16 FEB 12 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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SR# 20160305652

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 201699993

Date: 01-20-16