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(Req	uestor's Name)	
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(Doce	ument Number)	
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TALLAHASSEF FLORIB

MAR 18 2016 J. HARRIS

#### COVER LETTER

Division of Corporatio	ns			
SUBJECT: Strawbe	rry Lifestyle	s South Floride	a, LLC aba Nut	Dody Laser Contour
The enclosed "Application by Fo Existence, and check are submitted	reign Limited Liability Comp	pany for Authorization to Tra	ansact Business in Florida,"	Certificate of
Please return all correspondence	concerning this matter to the	following:		
	Michael M:	lec ame of Person		
Straw	berry Lifestyles	South Florida, irm/Company	LLC dba Nul	body Laser Contour
	75 Milford	Dr. Suite 20 Address	)	
	Hydson, Ot City/s	1 44236 tate and Zip Code		
<del> </del>	M, Ke Q Nyb E-mail address: (to be used	ody Ic. Con d for future annual report no	tification)	
For further information concerning	g this matter, please call:			
Michae	of Contact Person	at (Z16) 53 Area Code Day	33-8423 rtime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registrat Clifton B 2661 Exe	of Corporations ion Section duilding ecutive Center Circle see, FL 32301	
Enclosed is a check for the follow ☐ \$125.00 Filing Fee	ring amount:  \$\square\$ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Ce.	



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 25, 2016

MICHAEL MILLER 75 MILFORD DR SUITE 201 HUDSON, OH 44236

SUBJECT: STRAWBERRY LIFESTYLES SOUTH FLORIDA, LLC

Ref. Number: W16000014091



We have received your document for STRAWBERRY LIFESTYLES SOUTH FLORIDA, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 316A00003940



### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

. Strawberry Lifestyles South Florida, LLC characteristics (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or	"LLC.")	ZACIOUS	( <i>UN-PYTE</i> EDET) 
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate nariability Company," "L.L.C," or "LLC.")	ne must inc	lude "L	imited
WD 5/52//3			
(Jurisdiction under the law of which foreign limited liability company is organized)  3. 47 - 5653662  (FEI number, if applicable	)		<del></del>
February 24, 2016 (Planned)			
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	_		
. 1446 N Federal Highway Forthauderdale, FL 33	304		
(Street Address of Principal Office)	IAE SE	16	
(Street Address of Principal Office)  75 Milford On Suite 201 Hydson, OH 44236	CKETA MANI		T
	- ASK	~	Same accession.
(Mailing Address)	- ∰-< n⊆	_0	7 <b>7 7 1</b>
. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	F STATE	:ZI H3	
Name: Brownie Bockle	OTATE STATE	- 19	
	3.>	_	
Office Address: 1446 pt Federal 1kmy			
To f Louderdall , Florida 33304 (City) (Zip code)	<del></del>		
tegistered agent's acceptance:			
laving been named as registered agent and to accept service of process for the above stated limited liab esignated in this application, I hereby accept the appointment as registered agent and agree to act in th	is capacity	y. I fui	rther agree
	i, and I an	n famil	liar with an
o complywith the provisions of all statutes relative to the proper and complete performance of my duties accept the obligations of my position as registexed agent.			
o complywith the provisions of all statutes relative to the proper and complete performance of my duties eccept the obligations of my position as registered agent.			
	_		
ccept 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:	<b></b>		
(Registered agent's signature)  8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  M. Lhac   M.     e - C EO			
(Registered agent's signature)  8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  M. Chac   M:     er - C EO  75 M:   Ford Dr Suite 201			
(Registered agent's signature)  8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  M. Chacl Miller - CEO  75 Milford Dr. Suife 201  Hydron, OH 44236			
(Registered agent's signature)  8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  M. Lhac   M:   ec - CEO  75 M:   Ford Dr Suife 201  Hydson, OH 44236  Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having prisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the translator must be submitted)	custody o		
(Registered agent's signature)  8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  M. Lhac   M:   e C EO  75 M:   Ford D- Suite 201  Hydson, OH 44236  Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having irrisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of	custody o		

Michael Miller
Typed or printed name of signee

# UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show STRAWBERRY LIFESTYLES SOUTH FLORIDA, LLC, an Ohio For Profit Limited Liability Company, Registration Number 2451720, was organized within the State of Ohio on December 8, 2015, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 11th day of March, A.D. 2016.

**Ohio Secretary of State** 

for Hastel

Validation Number: 201607100904