

**M16000004198**

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : HARVARD BUSINESS SERVICES,  
Account Number : 120080000045  
Phone : (302) 645-7400  
Fax Number : (302) 645-1280

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: saragwright@gmail.com

**Foreign Limited Liability Company  
Red Lips LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
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**FILED**  
16 MAY 25 PM 2:35  
TALLAHASSEE, FLORIDA  
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2016 MAY 25 PM 3:19  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

MAY 26 2016  
J. HARRIS



May 23, 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

HARVARD BUSINESS SERVICES, INC.

SUBJECT: RED LIPS LLC  
REF: W16000037247

FILED  
16 MAY 25 PM 2:36  
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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Yasemin Y Sulker  
Regulatory Specialist II

FAX Aud. #: H16000125023  
Letter Number: 416A00010831

**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. Red Lips 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. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

4. No Transactions prior to registration  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3500 6th Place SW  
Vero Beach, FL 32968  
(Street Address of Principal Office)

6. 3500 6th Place SW  
Vero Beach, FL 32968  
(Mailing Address)

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

Name: Sara G Wright  
Office Address: 3500 6th Place SW  
Vero Beach, Florida 32968  
(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.*

Sara G Wright  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  
Sara G Wright 3500 6th Place SW Vero Beach, FL 32968 - Managing Member

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)

Sara G. Wright  
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.

Sara G Wright  
Typed or printed name of signer

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16 MAY 25 PM 2:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RED LIPS 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 MAY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RED LIPS LLC" WAS FORMED ON THE TWENTIETH DAY OF JANUARY, A.D. 2016.

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



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SR# 20163481933

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202353429

Date: 05-20-16

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