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(Requestor's Name)	_
,	
(Address)	—
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
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(Business Entity Name)	
(Decomposit Number)	
(Document Number)	
Certified Copies Certificates of Status	
· —	
Special Instructions to Filing Officer:	\neg
LASS IN DARK	
6359 W16-77751	

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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 17, 2016

KASSANDRA SEDEGAH 5402 CASTLE BAR LANE ALEXANDRIA, VA 22315

SUBJECT: BARE SKIN LLC Ref. Number: W16000077751 RECEIVE M 3: 47

We have received your document for BARE SKIN LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

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.

Shelia H Young Regulatory Specialist II

Letter Number: 316A00024703

Attached is an updated cares letter. Please update the information listed on line for "Filed By"

Thenk you

www.sunbiz.org

Division of Corporations P.O. ROV 6397 Tellahassee Florida 39314

PALLAHASSEE, H. GRIB

COVER LETTER

Bare Skin V	Waxing				
SUBJECT:	Name of	Limited Liability Company	,	-	
	Name of	ranned maomy company	•		
	on by Foreign Limited Liability Com- submitted to register the above refer				
Please return all correspo	ondence concerning this matter to the	e following:			
K. Sto	ut				
	1	Name of Person		-	
Bare S	Skin, LLC				
		Firm/Company		-	
101 N	Alfred St Suite 200				j⊋cr
		Address			が でで ごとに
Alexai	ndria VA 22314			NOV 14	
<u> </u>	City/	State and Zip Code	,		- 55 C
kstout@	b-skin.com			54 th #4	平3
For further information c	E-mail address: (to be use concerning this matter, please call:	ed for future annual report n	otification)	45	RIGA RIGA
Kass Stout	this matter, please can.	248 470 <i>-</i> 6	5670		
	Name of Contact Person	at ()	aytime Telephone Number	-	
MAILING AD		STREI	ET ADDRESS:		
Division of Cor			on of Corporations		
Registration Sec P.O. Box 6327	cuon		ation Section Building		
Tallahassee, FL	. 32314	2661 E	executive Center Circle assee, FL 32301		
Enclosed is a check for the S125.00 Filit		□ \$155.00 Filing Fee &	: □ \$160.00 Filing Fee, C	'artificata	
LI 0123,00 FIIII	Certificate of Status	Certified Copy	of Status & Certified Co		

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

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

••-					
(Name of For	eign Limited Liability Company; n	nust include "Limited Lie	ability Company," "L.L.C" or }	r "LLC.")	
	Iternate name adopted for the purp		ss in Florida. The alternate nar	me must include "Limited	d d
2 Virginia	or ille.)	3. 45-4251618			
	of which foreign limited liability	39. <u></u>	(FEI number, if applicable	;)	
4				_	
	(Date first transacted busi (See sections 605.0904 & 60	ness in Florida, if prior to 05.0905, F.S. to determin	o registration.) se penalty liability)		
5. Bare Skin LLC					
1413 S Howard Avenu	e #103A Tampa FL 33606				
6. Bare Skin LLC	(Street Address o	f Principal Office)			
				_	
1413 S Howard Avenu	e #103A Tampa FL 33606	g Address)			
7.3		-		- NON 1t	7
7. Name and street addres	ss of Florida registered agent: (P.O. Box NOT accept	table)		10, 20
Name:	Kassandra Stout		_	PH	in© Pu⊸
Office Address:	1413 S Howard Ave #103A		_	- 	
	Татра		22606		בי כיי
			_ , Florida <u>33606</u>	_ ர் ர	till fi
Registered agent's accep	(City)		(Zip code)		5
Having been named as red designated in this applicate to complywith the provision	(City) tance: gistered agent and to accept se tion, I hereby accept the appoi ons of all statutes relative to th ny position as registered agent	ntment as registered a e proper and complete !.	Zip code) (Zip code) e above stated limited liab. gent and agree to act in the performance of my duties	ility company at the pois capacity. I further	agree
Having been named as red designated in this applicate to complywith the provision	(City) tance: gistered agent and to accept se tion, I hereby accept the appoi ons of all statutes relative to th ny position as registered agent	ntment as registered a e proper and complete	Zip code) (Zip code) e above stated limited liab. gent and agree to act in the performance of my duties	ility company at the pois capacity. I further	agree
Having been named as redesignated in this applicate to complywith the provision accept the obligations of redesignations.	(City) tance: gistered agent and to accept se tion, I hereby accept the appoi ons of all statutes relative to th ny position as registered agent	ntment as registered a e proper and complete .		ility company at the pois capacity. I further	agree
Having been named as redesignated in this applicate to complywith the provision accept the obligations of research. 8. The name, title or capa	(City) tance: gistered agent and to accept se tion, I hereby accept the appoi ons of all statutes relative to th my position as registered agent (Regi	ntment as registered at e proper and complete to the stered agent's signature) s) who has/have author		ility company at the pois capacity. I further	agree
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Having been named as redesignated in this applicate to complywith the provision accept the obligations of research the obligations of research the name, title or capa Kassandra Stout, Manager 9. Attached is a certificate	(City) tance: gistered agent and to accept section, I hereby accept the appoil ons of all statutes relative to the my position as registered agent (Registery and address of the person (1, 1413 S Howard Ave #103A To of existence, no more than 90 cost which it is organized. (If the abmitted)	ntment as registered as e proper and completed. Istered agent's signature) s) who has/have author l'ampa FL 33606 days old, duly authentic certificate is in a forcig	(Zip code) (Zip code)	ility company at the pais capacity. I further s, and I am familiar w	agree ith and -
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Typed or printed name of signee

Kassandra Stout

Commonwealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Bare Skin LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is January 13, 2012; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

HYZZE CY STAUF



Signed and Sealed at Richmond on this Date: November 3, 2016

Joel H. Peck, Clerk of the Commission

CISECOM
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