m10000010389

| (Ke | equestor's Name) | | | | | |
|---|--------------------|-----------|--|--|--|--|
| (Ad | ldress) | | | | | |
| (Ad | ldress) | | | | | |
| · · | , | | | | | |
| (Cit | ty/State/Zip/Phone | #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Bu | ısiness Entity Nam | e) | | | | |
| | | | | | | |
| (Do | ocument Number) | | | | | |
| Certified Copies | _ Certificates | of Status | | | | |
| Special Instructions to Filing Officer: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| L | | | | | | |

Office Use Only



000293563180

12/27/16--01018--006 **125.00

SECRETARY OF STATE

S Warren

DEC 28 2016

COVER LETTER

| TO: | Registration Section Division of Corporation | s | | | | |
|--------------|--|---|--|---|--|--|
| CHID II | Lady Jane's Orlando | - UCF FL, LLC | | | | |
| SUBJ | ECI: | Name of L | imited Liability Comp | pany | | |
| | | | | to Transact Business in Florida," Certificate of ability company to transact business in Florid | | |
| Please | return all correspondence c | oncerning this matter to the | following: | | | |
| | Kathy Veenstra | | | | | |
| | <u></u> | Na | me of Person | | | |
| | Lady Jane's Hai | rcuts for Men | | | | |
| Firm/Company | | | | | | |
| | 3921 Rochester | Rd | | | | |
| | | | Address | | | |
| | Troy MI 48083 | | | | | |
| | | City/St | ate and Zip Code | | | |
| | kveenstra@ljhair | cuts.com | | | | |
| | - | E-mail address: (to be used | for future annual repo | ort notification) | | |
| For fu | rther information concerning | g this matter, please call: | | | | |
| | Kathy Veenstra | | 248 68 at () | 89-0097 x8002 | | |
| | Name o | f Contact Person | Area Code | Daytime Telephone Number | | |
| | MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | | Div Reg Clit 266 | REET ADDRESS: vision of Corporations gistration Section fton Building 11 Executive Center Circle lahassee, FL 32301 | | |
| Enclos | sed is a check for the follow \$125.00 Filing Fee | ing amount: ☐ \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filing Fe Certified Copy | ee & \$\Bigsim \$160.00 Filing Fee, Certificate of Status & Certified Copy | | |

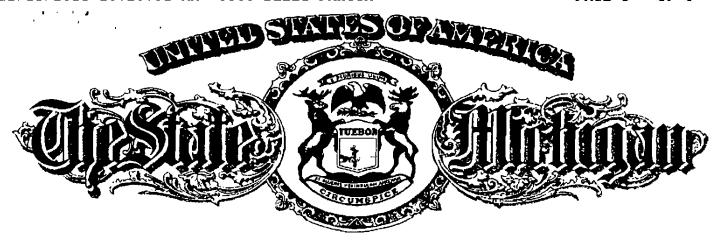
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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. Lady Jane's Orlando - U | JCF FL, LLC eign Limited Liability Company; mu | ist include "Limited Lial | oility Company," "L.L | C.," or "l | LLC.") | <u>-</u> |
|--|--|---|---|------------------------|------------------------|---|
| | Iternate name adopted for the purpos | | | | | clude "Limited |
| 20- | or LLC.) | XI_4546057 | | | | |
| 2. (Jurisdiction under the law company is organized) | of which foreign limited liability | 3. 81-4546957 | (FEI number, if ap | plicable) | | _ |
| 4. | | | | | | |
| | (Date first transacted busine (See sections 605.0904 & 605 | ess in Florida, if prior to | registration.) | | | |
| 5. 11551 University Blvd | l. Suite 4D Building #1, Orlando | , FL 32817 | | | | |
| | (Street Address of | Deinging Offices | - | | | |
| | • | • | | | | |
| 6 | | | | en sylva Total | 2015 | |
| | (Mailing | Address) | | <u> </u> | (1) (1) | |
| 7. Name and street addres | ss of Florida registered agent: (P | O. Box NOT accept | able) | | (S) | *************************************** |
| Name: | Chad Johnson | | _ | | <u>ل</u> 1 | m |
| Office Address: | 5250 4th Street N. | | - | STATE FLORID, | Æ | O |
| | St. Petersburg (City) | | _ , Florida 33703 | MG Make | 8 | |
| designated in this applica to complywith the provisi | tance: egistered agent and to accept ser tion, I hereby accept the appoin ons of all statutes relative to the my position as register A agent. | tment as registered a proper and complete | gent and agree to a | ct in this | capacii | ty. I further agre |
| | (Regis | tered agent's signature) | | | | |
| 8 The name title or can: | acity and address of the person(s) |) who has/have author | ity to manage is/are | et. | | |
| • | ger 5250 4th St. N., St Petersbur | • | ity to manage is are | • | | |
| Trichole Wier taley - Mana | ger 3230 Hir bi. 14., bi i eleisba | 1612 33703 | | | | - |
| | . . | | | | | _ |
| | | | | | | _ |
| 9. Attached is a certificate jurisdiction under the law of the translator must be so | of existence, no more than 90 day of which it is organized. (If the cubmitted) | ays old, duly authentic certificate is in a foreig | cated by the official gn language, a trans | having collation of | ustody o | of records in the ificate under oath |
| | | e of an authorized person | n | | | |
| This document is executed submitted in a document to | I in accordance with section 605. the Department of State constitu | 0203 (1) (b), Florida (utes a third degree felo | Statutes. I am aware ony as provided for | that any in s.817.1 | false inf I 55, F.S | formation |

Typed or printed name of signee

Tim McCollum



Department of Licensing and Regulatory Affairs

Lansing, Milchigan

This is to Certify That

LADY JANE'S ORLANDO - UCF FL, LLC

was validly organized on August 2, 2016 as a Limited Liability Company. Said Limited Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission 1424929 In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 19th day of December, 2016

Julia Dale, Director

ulia Dale

Corporations, Securities & Commercial Licensing Bureau