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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT

JUN 7 2017

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Great Hair Company L.L.C.

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:

Mark A. Holder

Name of Person

Great Hair Company L.L.C.

Firm/Company

13932 Tamara Trace

Address

Fishers, IN 46038

City/State and Zip Code

mark@markholder.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark A. Holder

Name of Contact Person

at ( 317 )

Area Code

695-0768

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

FILED  
JUN - 2 1997  
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. Great Hair Company L.L.C.  
(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. State of Indiana 3. 82-1555468  
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

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

5. 13932 Tamara Trace 6. 13932 Tamara Trace  
(Street Address of Principal Office) (Mailing Address)  
Fishers, IN 46038 Fishers, IN 46038

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

Name: John McKenna  
Office Address: 35160 N. US 19  
Palm Harbor, Florida 34684  
(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.

John McKenna  
(Registered agent's signature)

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

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Member	Mark A. Holder 13932 Tamara Trace Fishers, IN 46038		

(Use attachments if necessary)

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)

Mark A. Holder  
Signature of an authorized person

10. 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.

mark holder  
Typed or printed name of signer

**State of Indiana**  
**Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

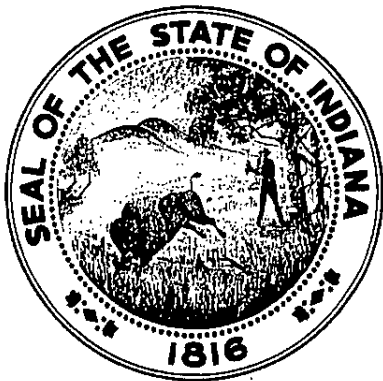
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

**GREAT HAIR COMPANY L.L.C.**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on May 17, 2017, and was in existence or authorized to transact business in the State of Indiana on June 06, 2017.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, June 06, 2017

*Connie Lawson*

CONNIE LAWSON  
SECRETARY OF STATE

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Verify this certificate: <https://bsd.sos.in.gov/ValidateCertificate>

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JUN - 2 2017