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SEURETARY OF STATE

J. HARRIE

#### **COVER LETTER**

TO:

**Registration Section** 

Div	ision of Corporation	ıs					
SUBJECT:	Strategic Salon Solu	tions LLC					
		Name of Limited Liability Company					
The enclosed Existence, ar	d "Application by For nd check are submitte	eign Limited Liability Comp d to register the above refere	enced for Authoriza	ation to Tra ted liability	nsact Business in Florida," Certificate c company to transact business in Florid	of a	
Please return	all correspondence c	oncerning this matter to the	following:				
	Alejandro Brito	, Esq.					
	<del> </del>	N	ame of Person				
	Zarco Einhorn	Salkowski & Brito, P.A.					
Firm/Company							
	100 SE 2nd Str	eet, Suite 2700					
Address							
	Miami, FL 3313	31					
		City/S	tate and Zip Code	<del> </del>			
	abrito@zarcolaw	.com					
		E-mail address: (to be used	for future annual	report not	ification)		
For further in	nformation concerning	g this matter, please call:					
Ale	ejandro Brito, Esq.		305 at (	374541			
	Name o	f Contact Person	Area Code	Day	time Telephone Number		
Div Reg P.O	ision of Corporations gistration Section b. Box 6327 lahassee, FL 32314			Division of Registratic Clifton Bit 2661 Execution	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301		
	a check for the follow \$125.00 Filing Fee	ing amount:  \$\Boxed{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texitex{\text{\text{\text{\texi}\text{\text{\text{\text{\text{\text{\text{\texi}}\\ \text{\text{\text{\text{\text{\text{\text{\tet	□ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy		

#### ZARCO EINHORN SALKOWSKI & BRITO

PROFESSIONAL ASSOCIATION ATTORNEYS AT LAW

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WEST PALM BEACH
TELEPHONE (561) 721-2861
INTERNET www.zarcolaw.com

June 7, 2017

#### Via FedEx

ROBERT ZARCO

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

> Re: Strategic Salon Solutions LLC Florida Foreign Limited Liability Company Application

Dear Sir/Madam:

Please find enclosed the following documentation to register the above-referenced foreign limited liability company to transact business in Florida:

- 1. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
  - 2. Strategic Salon Solutions LLC's Certificate of Existence; and
- 3. Check #19385 made payable to "Florida Department of State" in the amount of \$130.00 for the filing fee of the Application by Strategic Salon Solutions LLC for Authorization to Transact Business in Florida and Certificate of Status.

Should you have any questions, please do not hesitate to contact me at 305-374-5418.

Thank you for your attention to this matter.

Very truly yours,

MONIQUE LARA

Legal Assistant to Alejandro Brito, Esq.

Encl.

<sup>\*</sup>ALSO ADMITTED TO PRACTICE IN NJ

### 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 TRANSACTERI NINESS IN THE STATE OF FLORIDA:

Strategic Salon Solutio (Name of Fore	ons LLC eign Limited Liability Company; mu	st inclu	ide "Limited Lia	bility Company," "L.L.C.," or	"LLC.")	-
If name unavailable, enter al	Iternate name adopted for the purpose	e of tra	nsacting busines	s in Florida. The alternate nar	ne must include "Lir	_ nited
Nevada	or Ele.,	_	82-1073426			
	of which foreign limited liability	3.	02 1073 120	(FEI number, if applicable	)	-
. N/A					_	
	(Date first transacted busine (See sections 605.0904 & 605.	ss in F	lorida, if prior to	registration.)		
941 Brickell Avenue	(See Seemons 003.0704 & 003.		1 .b. to determine		<b></b>	
Miami, FL 33131						
	(Street Address of I	rincip	al Office)		<del></del>	
941 Brickell Avenue					<b>201</b>	
Miami, FL 33131					CAH,	
	(Mailing A	Addres	s)		- 45E	
Name and street addres	ss of Florida registered agent: (P.	O. Bo	x <u>NOT</u> accept	able)	38. <b>8</b>	
Name:	Alejandro Brito, Esq.			_	PH I	Same S
Office Address:	100 SE 2nd Street, Suite 2700			_	4: 02 STATE LORIDA	الموارية ويناه
	Miami			, Florida 33131	<b>&gt;</b>	
	(City)			(Zip code)	_	
esignated in this applica complywith the provision	gistered agent and to accept serv tion, I hereby accept the appoint ons of all statutes relative to the my position as registered agent.	ment o	as registered ag r and complete	gent and agree to act in the performance of my duties	is capacity. I furti	her agr
	(Registe	ered ag	ent's signature)			
The name, title or capa	acity and address of the person(s)	who h	as/have author	ity to manage is/are:		
•	r, 2101 Brickell Avenue #3308, N			· -		
	, 92 SW 3rd Street #4301, Miami					
•	··· <del>···········</del>					
		ertifica	te is in a foreig	n language, a translation o		
	Signature	of and	uthorized persor	1		
his document is éxecuted ibmitted in a document to	l in accordance with section 605.0 the Department of State constitu	203 ( I tes a tl	l) (b), Florida S hird degree felo	Statutes. I am aware that an ony as provided for in s.817	y false information 7.155, F.S.	
	Richard Wagner					

Typed or printed name of signee



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **STRATEGIC SALON SOLUTIONS LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 23, 2017, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on June 7, 2017.

Barbara K. Cegavske
Secretary of State

Electronic Certificate
Certificate Number: C20170607-1489
You may verify this electronic certificate
online at http://www.nvsos.gov/