# M17000005642

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:  NO RA W 17-46858  CET+				

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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 2, 2017

LEONARD JACOB CHILDS 3262 WESTHEIMER #323 HOUSTON, TX 77098

SUBJECT: LICE CARE SOLUTIONS LLC

Ref. Number: W17000046858

We have received your document for LICE CARE SOLUTIONS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

Letter Number: 317A00011141

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

## LICE CARE SOLUTIONS LLC

SUBJECT

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:

## LEONARD JACOB CHILDS

Name of Person

## LICE CARE SOLUTIONS

Firm/Company

## 3262 WESTHEIMER #323

Address

## **HOUSTON TX 77098**

City/State and Zip Code

## LEGAL@LICECARESOLUTIONS.COM

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

For further information concerning this matter, please call:

#### LEONARD JACOB CHILDS

<u>.</u>,713

8154112

Name of Contact Person

Area Code

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

# 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:

LICE CARE SOLUTI	ONS LLC.			
	ted Liability Company; must include "Limit	ed Liability Company," "L.L.C.," or "LLC."		
(If name unavailable, enter alternate name a	dopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited Lia	ability Company," "L.L.C," or "LLC,")	
っ TEXAS		3		
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI num	ber, if applicable)	
4. N/A				
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to detern	registration) nure penalty hability)		
5. 3262 WESTHEIMER #323		6 3262 WESTHEIMER #323_		
(Street Address of Principal Office)		(Mailing Address)		
HOUSTON TX 77098		HOUSTON TX 7709	8 <u>デ会・こ</u>	
			2 - <b>5</b> _	
7. Name and street address of	Florida registered agent: (P.O. Box	NOT acceptable)	변유 <b>및</b> 변	
	1 16.01		1	
Name:	Jacob ( h 1/1) S	<del></del>	25 <b>č</b>	
Office Address:	\$ 221 N. Hogan	5+ #335	86 <b>£</b>	
-	1 1 1	320	$\omega_{_{\Sigma}}$	
	1 <csonville, +="" <="" td=""><td>, Florida</td><td></td></csonville,>	, Florida		
to comply with the provisions	, I hereby accept the appointment a of all statutes relative to the proper my position as registered agent.	is registered agent and agree to act r and complete performance of my	th this capacity. I juriner agree duties, and I am familiar with	
	Registered agent's	Signature)		
	and address of the person(s) who ha	as/have authority to manage is/are:	Nid Add-some	
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:	
PRESIDENT	LEONARD JACOB CHILDS			
	3262 WESTHEIMER #323			
	HOUSTON TX 77098			
		_		
(Use attachments if necessary)				
•				
<ol> <li>Attached is a certificate of e jurisdiction under the law of w of the translator must be submit</li> </ol>	xistence, no more than 90 days old, hich it is organized. (If the certificatted)	duly authenticated by the official hate is in a foreign language, a translat	iving custody of records in the tion of the certificate under oath	
	Signatura	of manda see person		
	Signature	and the management last on the		
	in accordance with section 605.020.			

.Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



## Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Lice Care Solutions LLC (file number 802277828), a Domestic Limited Liability Company (LLC), was filed in this office on August 22, 2015.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 30, 2017.



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Rolando B. Pablos Secretary of State