

M18000000450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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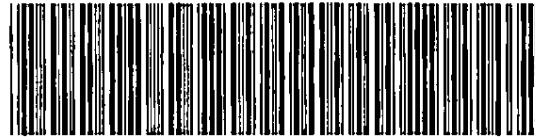
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VERA'S HAIR STUDIO, LLC

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:

MICHAEL A. JIANNETTI

Name of Person

MICHAEL A. JIANNETTI CO., LPA

Firm/Company

6449 WILSON MILLS ROAD

Address

MAYFIELD VILAGE, OH 44143

City/State and Zip Code

mike@jiannetti-law.com

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

For further information concerning this matter, please call:

MICHAEL A. JIANNETTI

440

442-7500

at ()

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 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. VERA'S HAIR STUDIO, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC")

(If none are available, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC")

2. OHIO

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 45-5328424

(EIN number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0601 & 605.0603, F.S., to determine penalty liability)

5. 3800 S. TAMiami TRAIL

(Street Address of Principal Office)

SARASOTA, FL 34239

6. 3800 S. TAMiami TRAIL

(Mailing Address)

SARASOTA, FL 34239

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

Name: VERA JOYCE

Office Address: 3800 S. TAMiami TRAIL

SARASOTA

Florida 34239

(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.

X [Signature]

VERA JOYCE

(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:

Managing Member

Vera Joyce

3800 S. Tamiami trail

Sarasota, FL 34239

(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)

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.

X [Signature]

(Signature of an authorized person)

VERA JOYCE

(Typed or printed name of sign.)

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show VERA'S HAIR STUDIO, LLC, an Ohio For Profit Limited Liability Company, Registration Number 2110508, was organized within the State of Ohio on May 30, 2012, is currently in FULL FORCE AND EFFECT upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 11th day of January, A.D. 2018.*

Jon Husted

Ohio Secretary of State

Validation Number: 201801102974