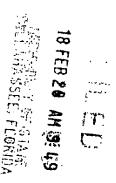
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(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
W18		3027



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Office Use Only

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February 8, 2018

DAVID STEIN 1001 N FEDERAL HIGHWAY #6 LAKE WORTH, FL 33460

SUBJECT: MVD COSMETICS, LLC Ref. Number: W18000013027

We have received your document for MVD COSMETICS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 518A00002756

COVER LETTER

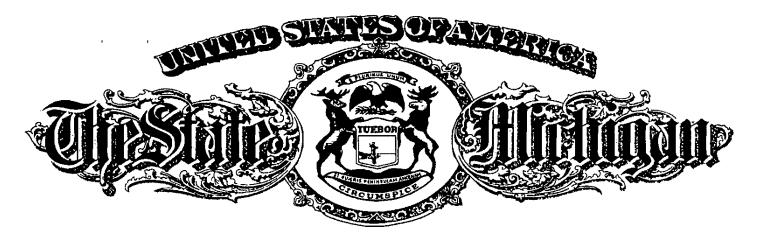
	Registration Section Division of Corporations	
SUBJEC	MVD COSMETICS, LLC	
GUBUEC		e of Limited Liability Company
The enclo	osed "Application by Foreign Limited Liability (e, and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.
Please ret	turn all correspondence concerning this matter to	o the following:
	DAVID STEIN	
		Name of Person
	MVD COSMETICS, LLC	
		Firm/Company
	1001 N FEDERAL HIGHWAY, #6	
		Address
	LAKE WORTH, FL 33460	
	C	ity/State and Zip Code
	D.STEINGROUP@GMAIL.COM	
	E-mail address: (to be	used for future annual report notification)
For further	er information concerning this matter, please cal	l:
	DAVID STEIN	817 946-9893 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
I I I	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
	is a check for the following amount: ■ \$125.00 Filing Fee □ \$130.00 Filing Fee Certificate of Status	& \$\Bigsquare\$ \$155.00 Filing Fee & \$\Bigsquare\$ \$\$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:

(Jurisdiction under the law of w			bility Company," "L.L.C," or "L
(Jurisdiction under the law of w		3. 82-2969785	
	hich foreign limited liability company is organized)	(FE) num	per, if applicable)
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration.) ine penalty liability)	
1001 N FEDERAL H	GHWAY, #6	6. 1001 N FEDERAL HIGH	
(Street Address of LAKE WORTH, FL 3		(Mailing Add	•
EARL WORTH, I'E S	5400	LAKE WORTH, FL 33460	
Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	DAVID STEIN		
Office Address:	1001 N FEDERAL HIGHWAY, #6		
	LANEWORTH		
	LAKE WORTH	Florida 33460	
iving been named as re signated in this applica comply with the provisi	(City)	s registered agent and agree to act	liability company at the intrinsical line in this capacity. Efurt
iving been named as re signated in this applica comply with the provisi	(City) tance: gistered agent and to accept service of p tion, I hereby accept the appointment as ons of all statutes relative to the proper	(Zip code) process for the above stated limited is registered agent and agree to act and complete performance of my defined to the complete performance of the complete p	liability company at the intrinsical line in this capacity. Efurt
signated in this applica comply with the provisi d accept the obligation.	(City) tance: gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent.	(Zip code process for the above stated limited as registered agent and agree to act and complete performance of my designature)	liability company at the intrinsical line in this capacity. Efurt
aving been named as resignated in this applica comply with the provised accept the obligation. The name, title or capa	(City) tance: gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper to of my position as registered agent. (Registered agent's s accity and address of the person(s) who has	(Zip code) process for the above stated limited is registered agent and agree to act and complete performance of my discontinuous actions are signature.	liability company at the in this capacity. Burthuties, and I am familiately the second
tiving been named as resignated in this applica comply with the provised accept the obligation. The name, title or capa Title or Capacity:	(City) tance: gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper ts of my position as registered agent. (Registered agent's s acity and address of the person(s) who has Name and Address:	(Zip code process for the above stated limited is registered agent and agree to act and complete performance of my designature) s/have authority to manage is/are: Title or Capacity:	liability company at the in this capacity. Burthuties, and I am familiately the second
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aving been named as resignated in this applica comply with the provised accept the obligation. The name, title or capa Title or Capacity:	(City) tance: gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper to of my position as registered agent. (Registered agent's s teity and address of the person(s) who has Name and Address: DAVID STEIN 1001 N FEDERAL HIGHWA	(Zip code process for the above stated limited is registered agent and agree to act and complete performance of my designature) s/have authority to manage is/are: Title or Capacity:	liability company at the in this capacity. Burthuties, and I am familiately the second
tying been named as resignated in this applica comply with the provised accept the obligation. The name, title or capa Title or Capacity:	(City) tance: gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper to of my position as registered agent. (Registered agent's s teity and address of the person(s) who has Name and Address: DAVID STEIN 1001 N FEDERAL HIGHWA	(Zip code process for the above stated limited is registered agent and agree to act and complete performance of my designature) s/have authority to manage is/are: Title or Capacity:	liability company at the in this capacity. Burthuties, and I am familiately the second

Typed or printed name of signee



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

MVD COSMETICS LLC

was validly authorized on April 1, 2015, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY. It and 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 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 electronic transmission

Certificate Number: 18023400280

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 16th day of February, 2018.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau