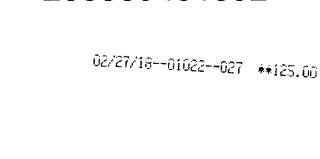
MECCOCOCOUS

(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:					





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COVER LETTER

	Smart Skin Health, LLC			
SUBJECT:	Name of Limited Liability Company			
The enclosed Existence, ar	1 "Application by Foreign Limited Liability Com nd check are submitted to register the above refe	npany for Authorization to Transact Business in Fl renced foreign limited liability company to transac	orida," Certificate of at business in Florida.	
Please return	all correspondence concerning this matter to the	e following:		
	F	Robert S. Forman		
	1	Name of Person		
	Henderson, Fr	ranklin, Starnes, & Holt, P.A.		
Firm/Company				
1715 Monroe Street				
	Address		FEB 27 F	
	Fort Myers, Florida 33901			
	City/State and Zip Code		~ · · · · · · · ·	
	robert.f	orman@henlaw.com	GREE O	
	E-mail address: (to be use	ed for future annual report notification)	y .	
For further in	nformation concerning this matter, please call:			
	Robert S. Forman	239 344-1239 at (
	Name of Contact Person	Area Code Daytime Telephone Nur	mber	
Div Reg P.O	ision of Corporations distration Section Box 6327 lahassec, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	:	
	a check for the following amount: \$125.00 Filing Fee \$\square\$\$ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Certified Copy of Status & Certifi		

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.	Smart Skin Health, LL	C Limited Liability Company, must include "Limited	Liability Company," "L.L.C.," or "LLC.")	
		ame adopted for the purpose of transacting business in Flori	da. The alternate name must include "Limited Ua	bility Company," "L L C," or "LLC.")
2.	Delaware	high foreign limited liability company is organized)	3.	 -
	(Jurisdiction lincer the Jaw of W	nich foreign limited fracelity company is organized)	(FEI nunt	per, if applicable)
4.				
		(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605 0905, F.S. to determin	egistration) e penalty liability)	器 =
5.	5811 Pelican Bay Blvo		6. 5811 Pelican Bay Blvd	S 2
	(Street Address of) Suite 200	Principal Office)	(Mailing Add Suite 200	
	Naples FL 34109		Naples, FL 34109	<u> </u>
				21.0
7.	Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	चित्रं 🗅
		Donna Rullo		
	Name:			
	Office Address:	5811 Pelican Bay Blvd., Suite 200		
		Naples	, Florida 34109	
D.	gistered agent's accep	(City)	(Zip cod	<u>e)</u>
un	и иссері іне обиданон:	s of my position as registered agent. (Registered agent's si	Spature)	
_	7.N			
8.	Title or Capacity:	acity and address of the person(s) who has Name and Address:	have authority to manage is/are: <u>Title or Capacity:</u>	Name and Address:
	Vice-President	Donna Rullo		
		5811 Pelican Bay Blvd, Ste 20	00	
		Naples, FL 34109		
				
(L	Jse attachments if necess	sary)		
jur	Attached is a certificate isdiction under the law the translator must be st	of existence, no more than 90 days old, d of which it is organized. (If the certificate abmitted)	uly authenticated by the official ha is in a foreign language, a translati	ving custody of records in the ion of the certificate under oath
10	. This document is execu	uted in accordance with section 605.0203	(1) (b). Florida Statutes I am awan	e that any false information
sul	omitted in a document to	the Department of State constitutes a thir	d degree felony as provided for in	s.817.155, F.S.
		floura Ru	llo	
		Signature of	f an authorized person	
		D	na Pullo	
			na Rullo	<u> </u>

Page 1

<u>Delaware</u>

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SMART SKIN HEALTH, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE TWENTY-SECOND DAY OF FEBRUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SMART SKIN

HEALTH, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF FEBRUARY, A.D.

2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.





Authentication: 202199803

Date: 02-22-18

6764814 8300 SR# 20181241096

You may verify this certificate online at corp.delaware.gov/authver.shtml