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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 617-6353

From: Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : 12306 0000045
Phone : (302) 645-7400
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
Email Address: steepurs@gmail.com

Foreign Limited Liability Company
Face Envy Franchising LLC

Certificate of Status	1
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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IN COMPLIANCE WITH SECTION 605.0402, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Face Envy Franchising LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

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

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FE number, if applicable)

4. no transactions prior to registration (Date first transacted business in Florida, if prior to registration) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 10105 Cleary Blvd (Street Address of Principal Office) Plantation, Florida 33324 6. 10105 Cleary Blvd (Mailing Address) Plantation, Florida 33324

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

Name: Sharon Tomchin
Office Address: 3049 Pariwinkle Circle
Davie, Florida 33328
(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.

Signature of registered agent

(Registered agent's signature)

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8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are.

Table with 4 columns: Title or Capacity, Name and Address, Title or Capacity, Name and Address. Rows include Elizabeth Brawides and Sharon Tomchin as Managing Members.

(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.317.155, F.S.

Signature of authorized person

Signature of authorized person

Elizabeth Brawides

Typed or printed name of signer

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FACE ENVY FRANCHISING 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-SEVENTH DAY OF FEBRUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FACE ENVY FRANCHISING LLC" WAS FORMED ON THE TWENTIETH DAY OF FEBRUARY, A.D. 2018.

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

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 U.S. E.L.
 DEPARTMENT OF STATE
 EMBASSY OF FLORIDA



Jeffrey W. Bullock
 Secretary of State

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SR# 20181420751

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

Authentication: 202219870

Date: 02-27-18