## 118000002941

(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:
penalty, cert W18 22863

Office Use Only



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18 NKR 20 PH 3: 57

O SIMMONS MAR 27 2018



March 8, 2018

SHAUN CHIODO 43210 HAYES RD CLINTON TOWNSHIP, MI 48038

SUBJECT: PAUL MITCHELL THE SALON LLC

Ref. Number: W18000022863

We have received your document for PAUL MITCHELL THE SALON 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):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$777.50.

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.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist II

Letter Number: 918A00004761

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RECEIVED

ON MAR 27 AM 10: 43

DEPARTMENT OF STATE

UNISION OF CORPORAGE.

## COVER LETTER

.

TO:	Registration Section Division of Corporation	ons				
SUBJI	Paul Mitchell the S	alon LLC				
30001		Name of	Limited Liability	Company		
					insact Business in Florida," Ce y company to transact business	
Please	return all correspondence	concerning this matter to the	following:			
	Shaun Chiodo					
		N	ame of Person			
	Paul Mitchell	the Salon LLC				
		Fi	rm/Company			
	43210 Hayes	Rd				
			Address			
	Clinton Town	ship, MI 48038				
		City/S	tate and Zip Code			
	shaun@paulmit	chellthesalon.com				
		E-mail address: (to be used	d for future annua	report not	ification)	
For fur	ther information concerni	ng this matter, please call:				
	Shaun Chiodo		248 at (	882411		
	Name	of Contact Person	Area Code	Day	time Telephone Number	
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding recutive Center Circle ee, FL 32301	
Enclose	ed is a check for the follows: \$125.00 Filing Fee	wing amount:  \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certif of Status & Certified Copy	ficate



3.20.2018

To Whom It May Concern:

Per the conversation with Octavia Simmons, I explained that I put the date that we opened in Michigan as we have not done business in Florida our building is not complete. She said to write a statement and mail it in with the letter and application.

I have enclosed required documents.

Please give me a call if you have any further questions. 248 882 4110

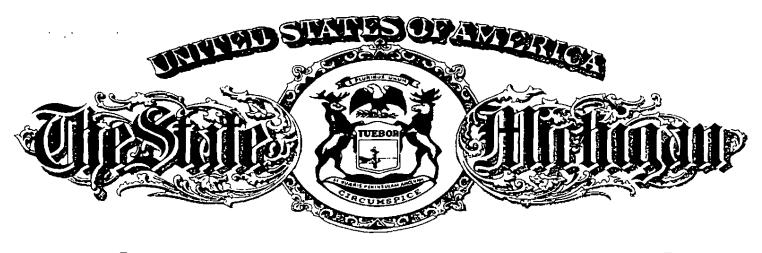
Sincerely,

Shaun Chiodo

## \* APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

f name unavailable, enter alternate n	name adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited	Lubility Company," "L.L.C," or "LLC,")
Michigan		3. 81-4244983	
	hich foreign limited liability company is organized)		number, (fapphcable)
08/01/2016			
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration ) ine penalty liability)	
43210 Hayes Rd		6. 43210 Hayes Rd	7.50
(Street Address of I	•	(Mailing Clinton Township, ML4	Address)
Clinton Township, MI	40020	Chinon Township, wit s	Address) Sept. 18038 Sept. 18038 P. D.
			<u> </u>
None and steep adden	on of Clarida assistanted agants (D.O. Pour	NOT apportable)	
Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box	NOT acceptable)	D 9N 3: 58
Name:	Bryan Black	<del></del>	<u> </u>
Office Address:	7345 Davis Blvd Ste 6		
	Naples	, Florida 34112	
	(City)	, Florida (Zi	o code)
	ions of all statutes relative to the proper s of my position as registered agent.		
nd accept the obligation  The name, title or capa	(Registered agent's	signature) as/have authority to manage is/ar	e:
The name, title or capa	(Registered agent's acity and address of the person(s) who have a not address:	signature) as/have authority to manage is/ar Title or Capacity:	my duties, and I am familiar with the second
d accept the obligation  The name, title or capa	(Registered agent's acity and address of the person(s) who have and Address:  Bryan Black	signature) as/have authority to manage is/ar	ny duties, and I am familiar wi e:  Name and Address:  Shaun Chiodo
The name, title or capa	(Registered agent's acity and address of the person(s) who have a not address:	signature) as/have authority to manage is/ar Title or Capacity:	e:  Name and Address:
The name, title or capa	(Registered agent)  (Registered agent)  acity and address of the person(s) who has Name and Address:  Bryan Black  871 San Marco Rd	signature) as/have authority to manage is/ar Title or Capacity:	e:  Name and Address: Shaun Chiodo 27590 Orchard Lake Rd
The name, title or capa	(Registered agent)  (Registered agent)  acity and address of the person(s) who has Name and Address:  Bryan Black  871 San Marco Rd	signature) as/have authority to manage is/ar Title or Capacity:	e:  Name and Address: Shaun Chiodo 27590 Orchard Lake Rd
The name, title or capa	(Registered agent)  (Registered agent)  acity and address of the person(s) who has Name and Address:  Bryan Black  871 San Marco Rd	signature) as/have authority to manage is/ar Title or Capacity:	e:  Name and Address: Shaun Chiodo 27590 Orchard Lake Rd
The name, title or capa  Title or Capacity:  Owner	(Registered agent's acity and address of the person(s) who has Name and Address:  Bryan Black 871 San Marco Rd Marco Island Florida 34145	signature) as/have authority to manage is/ar Title or Capacity:	e:  Name and Address: Shaun Chiodo 27590 Orchard Lake Rd
The name, title or cape Title or Capacity: Owner	(Registered agent's acity and address of the person(s) who has Name and Address:  Bryan Black 871 San Marco Rd Marco Island Florida 34145	signature) as/have authority to manage is/ar Title or Capacity: Director	e:  Name and Address:  Shaun Chiodo  27590 Orchard Lake Rd Farmington Hills MI 483.
The name, title or caparative of Capacity:  Owner  Jse attachments if neces Attached is a certificate risdiction under the law	Registered agent's acity and address of the person(s) who has a Name and Address:  Bryan Black 871 San Marco Rd Marco Island Florida 34145  sary)  of existence, no more than 90 days old, of which it is organized. (If the certificat	signature) as/have authority to manage is/ar Title or Capacity:  Director  duly authenticated by the officia	e:  Name and Address: Shaun Chiodo 27590 Orchard Lake Rd Farmington Hills MI 483.
The name, title or cape Title or Capacity: Owner  Use attachments if neces Attached is a certificate risdiction under the law	Registered agent.  (Registered agent's acity and address of the person(s) who has Name and Address:  Bryan Black  871 San Marco Rd  Marco Island Florida 34145  sary)  of existence, no more than 90 days old, of which it is organized. (If the certificat ubmitted)	signature) as/have authority to manage is/ar Title or Capacity: Director  duly authenticated by the official is in a foreign language, a tran	e:  Name and Address: Shaun Chiodo 27590 Orchard Lake Rd Farmington Hills MI 483.
The name, title or cape  Title or Capacity:  Owner  Use attachments if neces  Attached is a certificate risdiction under the law the translator must be se	Registered agent.  (Registered agent's acity and address of the person(s) who has Name and Address:  Bryan Black  871 San Marco Rd  Marco Island Florida 34145  sary)  of existence, no more than 90 days old, of which it is organized. (If the certificat ubmitted)	signature) as/have authority to manage is/ar Title or Capacity: Director  duly authenticated by the official is in a foreign language, a tran	e:  Name and Address: Shaun Chiodo 27590 Orchard Lake Rd Farmington Hills MI 483.
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The name, title or cape  Title or Capacity:  Owner  Use attachments if neces  Attached is a certificate risdiction under the law the translator must be se	(Registered agent.  (Registered agent.)  (Registere	signature) as/have authority to manage is/ar Title or Capacity: Director  duly authenticated by the official is in a foreign language, a tran	e:  Name and Address: Shaun Chiodo 27590 Orchard Lake Rd Farmington Hills MI 483
The name, title or caparative of the or Capacity:  Owner  Use attachments if neces Attached is a certificate or is diction under the law of the translator must be seen according to the content of the capacity.	(Registered agent.  (Registered agent.)  (Registere	duly authenticated by the officiale is in a foreign language, a transid degree felony as provided for	e:  Name and Address: Shaun Chiodo 27590 Orchard Lake Rd Farmington Hills MI 483



## Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

PAUL MITCHELL THE SALON LLC

was validly authorized on August 2, 2016, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY. 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: 18034055590

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 20th day of March. 2018.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau