

m18000003072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

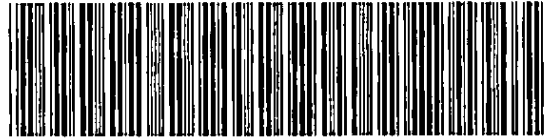
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W18-8352

Office Use Only



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2018 MAR 29 PM 12:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

S. WARREN

MAR 30 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 12, 2018

JOSEPH R ORR  
9439 BOCA RIVER CIRCLE  
BOCA RATON, FL 33434

SUBJECT: KOP LASH LIMITED LIABILITY COMPANY  
Ref. Number: W18000008352

We have received your document for KOP LASH LIMITED LIABILITY COMPANY and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

You failed to make the correction(s) requested in our previous letter.

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.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 018A00002968



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 26, 2018

JOSEPH R ORR  
9439 BOCA RIVER CIRCLE  
BOCA RATON, FL 33434

SUBJECT: KOP LASH LIMITED LIABILITY COMPANY  
Ref. Number: W18000008352

We have received your document for KOP LASH LIMITED LIABILITY COMPANY and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE CORRECT LINE 2 TO REFLECT PA AS THE STATE OF JURISDICTION,

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.

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

Stacey M Warren  
Regulatory Specialist II

Letter Number: 318A00001816

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KOP Lash 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:

Joseph R Orr  
Name of Person

Florida Lash LLC  
Firm/Company

9434 Boca River Circle  
Address

Boca Raton, FL 33434  
City/State and Zip Code

Joey.orr @ amazinglashstudio.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Orr at ( 586 ) 873-4876  
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 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. KOP Lash 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. PA 3. 47-1606300  
(Jurisdiction under the law of which foreign limited liability company is organized) (EIN number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)

5. 9439 Boca River Circle 6. 9439 Boca River Circle  
(Street Address of Principal Officer) (Mailing Address)  
Boca Raton, FL 33434 → Boca Raton, FL 33434

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

Name: Bruce Myers  
Office Address: 9439 Boca River Circle  
Boca Raton, Florida 33434  
(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.

(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:
<u>MGR</u>	<u>Desiree DeFrancisco</u> <u>9439 Boca River Circle</u> <u>Boca Raton, FL 33434</u>	<u>MGR</u>	<u>Bruce Myers</u> <u>9439 Boca River Circle</u> <u>Boca Raton, FL 33434</u>
<u>MGR</u>	<u>Joseph Orr</u> <u>9439 Boca River Circle</u> <u>Boca Raton, FL 33434</u>		

(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.

Joey Orr

(Signature of an authorized person)

Joseph Orr

(Typed or printed name of signer)

FILED  
2018 MAR 29 PM 12:45  
SECRETARY OF STATE  
ALF HASSSEL, FLORIDA

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

03/27/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

KOP Lash Limited Liability Company

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

*Robert Lanes*

Acting Secretary of the Commonwealth

Certification Number: TSC180327141496-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>