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(Requestor's Name)

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(Address)

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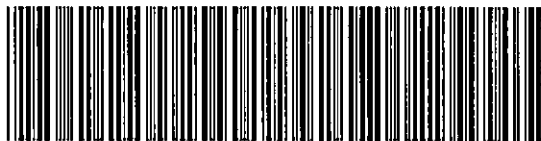
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JUL 21 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Lemongrass Spa Products, 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:

Bryan Leist

Name of Person

Lemongrass Spa Products, LLC

Firm/Company

720 Anclote Road

Address

Tarpon Springs, FL 34689

City/State and Zip Code

leistb@lemongrassspa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bryan Leist

727

935-4827

at (_____) _____

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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Lemongrass Spa Products, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, 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. Colorado 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. July 20, 2018
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 720 Anclose Road 6. 720 Anclose Road
(Street Address of Principal Office) (Mailing Address)
Tarpon Springs, FL 34689 Tarpon Springs, FL 34689

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

Name: Bryan Leist
Office Address: 720 Anclose Road
Tarpon Springs, Florida 34689
(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:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>President / COO</u>	<u>Bryan Leist</u> <u>720 Anclose Road</u> <u>Tarpon Springs, FL 34689</u>	<u>Founder / CEO</u>	<u>Heidi Leist</u> <u>720 Anclose Road</u> <u>Tarpon Springs, FL 34689</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.

Signature of an authorized person

BRYAN LEIST

Typed or printed name of signee

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

LEMONGRASS SPA PRODUCTS, LLC

is a

Limited Liability Company

formed or registered on 07/15/2002 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20021192457 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 07/09/2018 that have been posted, and by documents delivered to this office electronically through 07/11/2018 @ 09:31:15 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 07/11/2018 @ 09:31:15 in accordance with applicable law. This certificate is assigned Confirmation Number 10999603 .



Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."

ARTICLES OF ORGANIZATION

Form 400 Revised July 1, 2002

Filing fee: \$50.00

Deliver to: Colorado Secretary of State

Business Division,

1560 Broadway, Suite 200

Denver, CO 80202-5169

This document must be typed or machine printed

Copies of filed documents may be obtained at www.sos.state.co.us

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DONETTA DAVIDSON
COLORADO SECRETARY OF STATE

20021192457 C

\$ 50.00

SECRETARY OF STATE

07-15-2002 14:51:42

ABOVE SPACE FOR OFFICE USE ONLY

Pursuant to § 7-80-203, Colorado Revised Statutes (C.R.S.), the individual named below causes these Articles of Organization to be delivered to the Colorado Secretary of State for filing, and states as follows:

1. The name of the limited liability company is: Lemongrass Spa Products, LLC

The name of a limited liability company must contain the term "limited liability company", "ltd. liability company", "limited liability co.", or "ltd. liability co." or the abbreviation "LLC" or "L.L.C." §7-90-601(3)(c), C.R.S.

2. If known, The principal place of business of the limited liability company is: 540 East Grand Avenue
Englewood, Colorado 80110

3. The name, and the business address, of the registered agent for service of process on the limited liability company are: Name Bryan E. Leist; Business Address
(must be a street or other physical address in Colorado) 540 East Grand Avenue
Englewood, Colorado 80110 If mail is undeliverable to this address,
ALSO include a post office box address: _____

4. a. If the management of the limited liability company is vested in managers, mark the box
☐ "The management of the limited liability company is vested in managers rather than members."
The name(s) and business address(es) of the initial manager(s) is(are):
Name(s) _____ Business Address(es) _____

or

- b. If management of the limited liability company is not vested in managers rather than members,
The name(s) and business address(es) of the initial member(s) is(are):
Name(s) Heidi V. Leist Business Address(es) 540 East Grand Ave., Englewood, CO 80110
Bryan E. Leist 540 East Grand Ave. Englewood, CO 80110

5. The (a) name or names, and (b) mailing address or addresses, of any one or more of the individuals who cause this document to be delivered for filing, and to whom the Secretary of State may deliver notice if filing of this document is refused, are: Sidney Smith, CPA
7400 E. Arapahoe Rd. #100, Englewood, CO. 80112

OPTIONAL. The electronic mail and/or Internet address for this entity is/are: e-mail hibry@mindspring.com
Web site _____

The Colorado Secretary of State may contact the following authorized person regarding this document:

name Heidi V. Leist address 540 East Grand Ave. Englewood, CO 80110
voice 720-529-1479 fax _____ e-mail hibry@mindspring.com

Disclaimer: This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, or the user may be warranted from time to time, assumes the responsibility of the user of this form. Questions should be addressed to the user's attorney.

ENTER UPDATE COMPLETE

RAW

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Englewood, Colorado 80110 If mail is undeliverable to this address,
ALSO include a post office box address: _____

4. a. If the management of the limited liability company is vested in managers, mark the box
☐ "The management of the limited liability company is vested in managers rather than members."
The name(s) and business address(es) of the initial manager(s) is(are):
Name(s) _____ Business Address(es) _____

OR

b. If management of the limited liability company is not vested in managers rather than members,
The name(s) and business address(es) of the initial member(s) is(are):
Name(s) Heldi V. Leist Business Address(es) 540 East Grand Ave., Englewood, CO 80110
Bryan E. Leist 540 East Grand Ave. Englewood, CO 80110

5. The (a) name or names, and (b) mailing address or addresses, of any one or more of the individuals who cause this document to be delivered for filing, and to whom the Secretary of State may deliver notice if filing of this document is refused, are: Sidney Smith, CPA
7400 E. Arapahoe Rd. #100, Englewood, CO. 80112

OPTIONAL. The electronic mail and/or Internet address for this entity is/are: e-mail hlbry@mindspring.com
Web site _____

The Colorado Secretary of State may contact the following authorized person regarding this document:
name Heldi V. Leist address 540 East Grand Ave. Englewood, CO 80110
voice 720-529-1479 fax _____ e-mail hlbry@mindspring.com

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ENTER UPDATE COMPLETE

MW