

Oct 03 2018 01:10:21
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M18000009043

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

Foreign Limited Liability Company
Wellness & Beauty, LLC

Certificate of Status	1
Certified Copy	0
Page Count	6
Estimated Charge	\$130.00

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October 3, 2018

FLORIDA DEPARTMENT OF STATE

Division of Corporations

CORPORATE CREATIONS INTERNATIONAL INC

SUBJECT: WELLNESS & BEAUTY, LLC
REF: W18000087859

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The jurisdiction under the laws of which the entity is incorporated or organized must be included in the document.

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

Octavia L Simmons
Regulatory Specialist III
Registration Section

FAX Aud. #: H18000285886
Letter Number: 318A00020564

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wellness & Beauty, 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:

Lori Silverstein

Name of Person

Wellness & Beauty, LLC

Firm/Company

608 Mystic Lane

Address

Foster City, CA 94404

City/State and Zip Code

lori@peninsulabeauty.com

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

For further information concerning this matter, please call:

Ethan Habecker

805

886-0023

Name of Contact Person

at (

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. Wellness & Beauty, 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. California

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 80-0163661

(PEI number, if applicable)

4. _____

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

5. 608 Mystic Lane

(Street Address of Principal Office)

Foster City, CA 94404

6. 608 Mystic Lane

(Mailing Address)

Foster City, CA 94404

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

Name: Paracorp Incorporated

Office Address: 155 Office Plaza Drive, 1st Floor

Tallahassee

(City)

Florida 32301

(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.

See Attachment

(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:

Member

Lori Silverstein

608 Mystic Lane

Foster City, CA 94404

(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.

Lori Silverstein

(Signature of authorized person)

(Typed or printed name of signer)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE:

10/01/2018

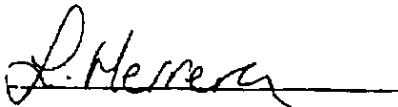
ENTITY NAME:

Wellness & Beauty, LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated
155 Office Plaza Drive, 1st Floor
Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.



Leticia Herrera, Assistant Secretary
Paracorp Incorporated

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2018 OCT -3 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FL 32301

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: WELLNESS & BEAUTY, LLC

FILE NUMBER: 200808710154
FORMATION DATE: 03/25/2008
TYPE: DOMESTIC LIMITED LIABILITY COMPANY
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of September 28, 2018.

ALEX PADILLA
Secretary of State

LHT