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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C CAVE
JAN 14 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Zephyr Beauty Experts 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:

Elizabeth Poleway
Name of Person

Zephyr Beauty Experts LLC
Firm/Company

21 Cross River Rd
Address

New York N.Y. 10549
City/State and Zip Code

liz@zephyrbeautyexperts.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Poleway at (914) 673-7057
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. Zephyr Beauty Experts 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. New York
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-5199487
(FEI number, if applicable)

4. 11/1/2019
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 21 Cross River Rd
(Street Address of Principal Office)

6. 21 Cross River Rd
(Mailing Address)

Mt. Kisco, N.Y. 10549

Mt. Kisco, N.Y. 10549

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

Name: David Lloyd

Office Address: 3017 W Sligh Ave

Tampa, Florida 33614
(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]
(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:

Founder

Elizabeth Poloway
21 Cross River Rd.
Mt. Kisco, NY 10549

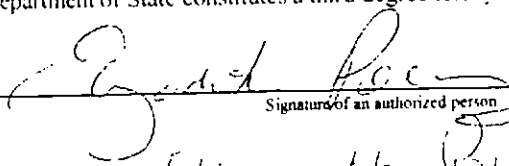
Founder

Rich Adams
1750 Ciga Way
Palm Springs CA 92262

(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
Elizabeth Poloway
Typed or printed name of signer

ARTICLES OF ORGANIZATION
OF

Zephyr Beauty Experts LLC

Under Section 203 of the Limited Liability Company Law

FIRST: The name of the limited liability company is:

Zephyr Beauty Experts LLC

SECOND: The county, within this state, in which the office of the limited liability company is to be located is WESTCHESTER.

THIRD: The Secretary of State is designated as agent of the limited liability company upon whom process against it may be served. The address within or without this state to which the Secretary of State shall mail a copy of any process against the limited liability company served upon him or her is:

BUSINESS FILINGS INCORPORATED
187 WOLF ROAD
SUITE 101
ALBANY, NY 12205

FOURTH: The limited liability company designates the following as its registered agent upon whom process against it may be served within the State of New York is:

BUSINESS FILINGS INCORPORATED
187 WOLF ROAD
SUITE 101
ALBANY, NY 12205

FIFTH: The limited liability company is to be managed by: ONE OR MORE MEMBERS.

I certify that I have read the above statements, I am authorized to sign these Articles of Organization, that the above statements are true and correct to the best of my knowledge and belief and that my signature typed below constitutes my signature.

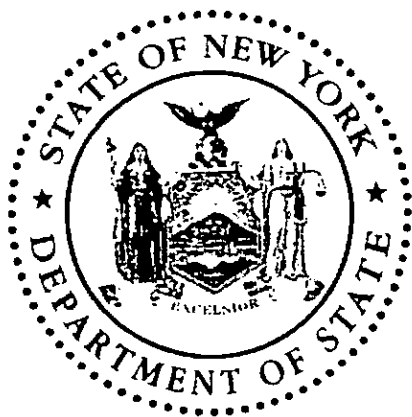
Elizabeth Poleway, Organizer (signature)

Elizabeth Poleway, ORGANIZER
21 Cross River Rd.
Mount Kisco, NY 10549

STATE OF NEW YORK

DEPARTMENT OF STATE

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is true copy of said original.



WITNESS my hand and official seal of the
Department of State, at the City of Albany, on
January 30, 2017.

A handwritten signature in black ink, appearing to read "B. Fitzgerald", followed by a long horizontal flourish.

Brendan W. Fitzgerald
Executive Deputy Secretary of State