N1900003506

(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:
called 4/8/19 talk to Ms. lifting Khado
to IVB. Interrum
got pomission to put hin discondown remore)
Own ys



200326874672

04/03/19-+01005--028 **125.00

HILLEU
2019 APR -3 PM 2: 07
SECRETARY OF STATE

Office Use Only

4/8/19 45

COVER LETTER

Ό:	Registration Section Division of Corporations	
UBJE	T: BODYNONK Exsontals, LLC Name of Limited Liability Company	
The enc Existence	ised "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Ce, and check are submitted to register the above referenced foreign limited liability company to transact business	rtificate of in Florida.
	urn all correspondence concerning this matter to the following:	
	Tiffeny Rhodles Name of Person	
	Bodywords Essentials, LLC	
	1772 Cupwood Lone SSS	η` =
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	1
For furth	information concerning this matter, please call:	
	Tiffany A-Rhocles at (801) 7-12-5265 Name of Contact Person Area Code Daytime Telephone Number	
 	AILING ADDRESS: ivision of Corporations egistration Section O. Box 6327 cllahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301	
F	iclosed is a check for the following amount: asse make check payable to: FLORIDA DEPARTMENT OF STATE	
	S125.00 Filing Fee & S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee. Certificate of Status Certified Copy of Status & Certified	

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:
Name of Foreign Limited Liability Company: must include "Limited Liability Company," "L.L.C.," or "LLC.")
(Name of Pereign Limited Liability Company; must include "Limited Liability Company," L.L.C., "or "LLC.")
(It name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")
2. Utal (Jurisdiction under the law of which foreign limited liability company is organized) 3. 27-1747216 (FEI 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. 2771 Caproval Lane 6. 2777 Caproval Lane (Street Address of Fincipal Orlice) 6. 2777 Caproval Lane (Mailing Address) (Clearwater, FL 35761 Clearwater, FL 35761
Clearwater, FL 33761 Clearwater, FL 33761
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Titany A. Rhocles
Office Address: 2772 Capwood Lane
Clay) . Florida 35 FGF 30 C
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 gs registered agent.
Tilkney a Remodes
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Manager Manager | Member Member Authorized ☐ Authorized Person Person MOther OUNDY Other_ Other___ Other ■ Manager Name: _____ Manager Manager Name: Member Address: _____ ☐ Member Address: Authorized Authorized Person Person Other_ Other Other_ Manager Name: Manager Name: ☐ Member Address: ☐ Member Address: Authorized Authorized Person Person Other Other Other_ Other___ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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.



Utah Department of Commerce

Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705
Salt Lake City, UT 84114-6705
Service Center: (801) 530-4849
Toll Free: (877) 526-3994 Utah Residents

Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

04/01/2019 7560112-016004012019-805448

CERTIFICATE OF EXISTENCE

Registration Number:

7560112-0160

Business Name:

BODYWORK ESSENTIALS, LLC

Registered Date:

January 07, 2010

Entity Type:

LLC - Domestic

Status:

Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Sym Stup

Jason Sterzer
Director
Division of Corporations and Commercial Code