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From:

۲,

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Account Number : 120070000160

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: (305)675-2811 Fax Number

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Foreign Limited Liability Company SIMPLE BEAUTY LLC

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### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SIMPLE BEAUTY BOUTIQUE LLC  are unavailable, caser alternate nome adopted for the purpose of treasceting business in Portida. The alternate more must include "Limited Liability Company," "LLC," or "LLC."  SOUTH CAROLINA  81-4531403  3. [PEI ordinber, if applicable]  [Data first transacted business in Planted, if prove to PEP ordinals.]  [See sections 601,0904 & 605,0903, F.S. to determine penalty hability.]  S301 NORWOOD AVENUE  [Steet Address of Florida 32208  JACKSONVILLE, FLORIDA 32208  JACKSONVILLE, FLORIDA 32208  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  [Steet Address of Florida and the provisions of Jackson North Lie agents and to accept service of process for the above stated limited liability company and the planting with the provisions of all stratutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my positions as registered agent.	SIMPLE BEAUTY LI	C nited Liability Company, must include "Limited	Liability (	Company," "L.L.C.,"	of "Ll.C.")			
SOUTH CAROLINA  81-4531403 3. (PEI number, if applicable)  (Duth first processed business in Florida, if popol to preferences)  (See sections 601,0004 & 605,0003, F.S. to determine penalty hisbary)  5301 NORWOOD AVENUE  (Sect Address of Florida 32208  JACKSONVILLE, FLORIDA 32208  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  5301 NORWOOD AVENUE  ELEANOR M DAVIS  JACKSONVILLE  JACKSONVILLE  JACKSONVILLE  JACKSONVILLE  Florida  (Epoche)  JACKSONVILLE  JACKSONVILLE  Florida  (Epoche)  Segistered agent's acceptance:  aving been named as registered agent and to accept service of process for the above stated limited liability companying the plantage of this application, I hereby accept the appointment as registered agent and and spree to act in this capacity. Further a comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar without a familiar with applications.								_
(Justidicade inder ins law of which foreign limited liability company a organized)  (Date first transacted banders in Florida, I provide preference)  (See rections 69), 6904 & 603,0903, F.3. to determine penalty hisbary)  5301 NORWOOD AVENUE  (Second Address of Florida 12208  JACKSONVILLE, FLORIDA 32208  PO BOX 2398  (General Address of Florida 12208  JACKSONVILLE, FLORIDA 32203  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:    Difference   Solid Norwood Avenue   Solid Norwood Avenue	name unavadable, enter alternate nam	adopted for the purpose of transacting business in Flor	ida. The alto	reate more must include	Limited Liability Co	преву," "L.L.C	"," or "LL	:.T)
(Dute first transacted beautist in Florida, if applicable)  (Dute first transacted beautist in Florida, if prox to Friedmann.) (See sections 693, 6904 & 603,0903, F.S. to determine penalty hinbalty)  5301 NORWOOD AVENUE  (Sector Address of Proceeding Office)  JACKSONVILLE, FLORIDA 32208  PO BOX 2398  [Multing Address)  JACKSONVILLE, FLORIDA 32203  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Poffice Address:  JACKSONVILLE  Soll NORWOOD AVENUE  JACKSONVILLE  JACKSONVI	SOUTH CAROLINA		3	81-4531403				
Sali Norwood Avenue   Po Box 2398	(Jurisdiction inder the law of which	h foreign timated liability company is organized)	٠	(FEI animber, if applicable)				•
Sali Norwood Avenue   Po Box 2398		(Date first transacted business in Florida, if prior to See sections 601,0904 & 605,0903, P.S. to determine	regionation.)	ibihry)	·	-		
(Steel Address of Florida 32208  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)    Description	SINI NORWONII A	· ·	- /					
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)    Name			б. <u>-</u>		Mailing Address)			-
ELEANOR M DAVIS  Name:    5301 NORWOOD AVENUE	JACKSONVILLE, F	LORIDA 32208	JACKSONVILLE, FLORIDA 32203					
Name:    5301 NORWOOD AVENUE	Name and street address	of Florida registered agent: (P.O. Box	NOT a	sceptable)	<b>^-</b> ·		,	-
Office Address:  JACKSONVILLE  JACKSONVILLE  (Cky)	Name:	ELEANOR M DAVIS				TALE	19	
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	aving been named as reg signated in this applicati comply with the provision	ristered agent and to accept service of ion, I hereby accept the appointment of ons of all statutes relative to the prope	us registo	red agent and ax	ree to act in th	нь сирасиу	nyat t Hur	ner ag
/S/ Eleanor Marie Davis		(Resistered ascer-	signature)					

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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]:

tle or Capacity:	Name and Address:	Title or Capacity	<u>:</u>	Name and Address:
Manager	Name: ELEANOR M DAVIS	Manager	Name:	
Member	Address: PO BOX 2398	Member	Address:	
Authorized	JACKSONVILLE, FLORIDA 32203	Authorized		
Person		Person		
]Other	Other	Other		Other
Manager	Name:	Manager	Name:	
Member	Address:	Метвег     м	Address:	
Authorized		Authorized		
Person		Person		
Other	Other	Other		Douber 19
)Manager	Name:	Manager	Name:	JUN 11
]Member	Address:	☐ Member	Address: _	79 mg
]Authorized		☐ Authorized	<del></del>	· · · · · · · · · · · · · · · · · · ·
Person		Person		
Other	_	Other		Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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 follows as provided for in s.817.155, F.S.

/s/ Eleanor Marie Davis	
Signature of an authorized person	
ELEANOR M DAVIS	
Typed or printed name of signes	

# The State of South Carolina



### Office of Secretary of State Mark Hammond

### **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Simple Beauty LLC, a limited liability company duly organized under the laws of the State of South Carolina on January 20th, 2017, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 11th day of June, 2019

Mark Hammond, Secretary of State