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May 27, 2019

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
2019 JUN -3 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RE: Science of Skincare, LLC

To whom it may concern:

The Enclosed Application by Foreign LLC and Fee(s) are submitted for filing. Also, please find enclosed a check for state filing fees in the amount of **\$155.00** made payable to the FL Dept of State. For information in regards to this filing, please contact me at the undersigned.

Thank you in advance and please return all correspondence in regards to this filing using the pre addressed stamped envelope included.

Sincerely,

Amanda J. Beren, Sr. Document Analyst
CorpNet, Incorporated
888-449-2638 Ext. 105
filings@corpnet.com



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. Science of Skincare, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

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

3. _____
(FBI 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. 3333 N. San Fernando Blvd.
(Street Address of Principal Office)
Burbank, CA 91504

6. 3333 N. San Fernando Blvd.
(Mailing Address)
Burbank, CA 91504

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

Name: Registered Agents Inc.
Office Address: 7901 4th St N, Ste 300
St. Petersburg, Florida 33702
(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.

Bill Hauke
(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:
 Manager Name: Bryan Johns
 Member Address: 3333 N. San Fernando Blvd.
 Authorized Burbank, CA 91504
Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Title or Capacity: Name and Address:
 Manager Name: Alec Call
 Member Address: 3333 N. San Fernando Blvd.
 Authorized Burbank, CA 91504
Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

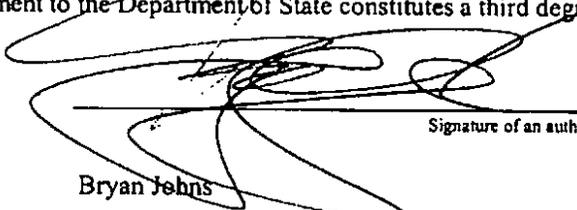
Other _____ Other _____

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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 felony as provided for in s.817.155, F.S.



Signature of an authorized person
Bryan Johns

Typed or printed name of signee

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: SCIENCE OF SKINCARE, LLC

FILE NUMBER: 200022710123
FORMATION DATE: 08/08/2000
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.

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TALLAHASSEE FLORIDA



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 24, 2019.

ALEX PADILLA
Secretary of State