

# MA900008918

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000277210 3)))



H190002772103ABC3

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : 120160000017  
Phone : (855) 498-5500  
Fax Number : (800) 432-3622

**\*\*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  
BODY DETAILS, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 05       |
| Estimated Charge      | \$155.00 |

Y SCOTT

SEP 17 2019

2019 SEP 16 PM 4:57

Fax Audit Number: H19000277210 3**AFFIDAVIT**

The undersigned being first duly sworn, deposes and says that:

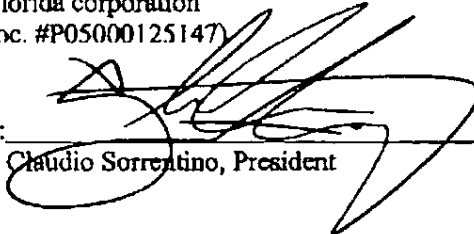
1. BODY DETAILS, LLC, a Delaware limited liability company (the "New Company"), is filing its Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida with the Florida Division of Corporations herewith;
2. BODY DETAILS, INC., a Florida corporation (Doc. #P05000125147) (the "Existing Company"), hereby states that it grants its consent and permission to the New Company to use the name "BODY DETAILS, LLC";
3. The New Company and the Existing Company are affiliates; and
4. The undersigned is the President of the Existing Company.

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief on September 16, 2019.

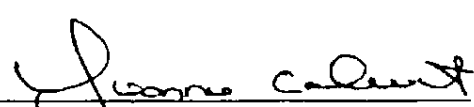
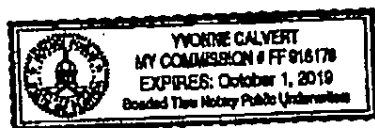
**EXISTING COMPANY:**

BODY DETAILS, INC.  
a Florida corporation  
(Doc. #P05000125147)

By: 

Claudio Sorrentino, President

The foregoing instrument was acknowledged before me on September 16, 2019, by Claudio Sorrentino, as President of Body Details, Inc., who is either personally known to me or has produced \_\_\_\_\_ as identification.

  
Notary PublicPrint Name: Yvonne CalvertMy commission expires: 10/1/19Fax Audit Number: H19000277210 3  
4818-0325-2390v.1

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDAIN 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. BODY DETAILS, 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. DELAWARE

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

3. 45-4172897

(FID number, if applicable)

4. \_\_\_\_\_  
(Does this company have a business in Florida, if prior to registration?  
(See sections 605.0904 & 605.0906, F.S. to determine penalty liability)

## 5. 433 PLAZA REAL, SUITE 245

(Street Address of Principal Office)

BOCA RATON, FL 33432

## 6. 433 PLAZA REAL, SUITE 245

(Mailing Address)

BOCA RATON, FL 33432

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

Name: MITCHELL H. SENS

Office Address: 433 PLAZA REAL, SUITE 245

BOCA RATON

(City)

Florida 33432

(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.

(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: RONALD MACKEY  
☐ Member Address: 433 PLAZA REAL, SUITE 245  
☐ Authorized BOCA RATON, FL 33432  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☒ Manager Name: BRYAN BALLEJO  
☐ Member Address: 433 PLAZA REAL, SUITE 245  
☐ Authorized BOCA RATON, FL 33432  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Title or Capacity:****Name and Address:**

☒ Manager Name: CLAUDIO SORRENTINO  
☐ Member Address: 433 PLAZA REAL, SUITE 245  
☐ Authorized BOCA RATON, FL 33432  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ 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 felony as provided for in s.817.155, F.S.

  
\_\_\_\_\_  
Signature of an authorized person  
CLAUDIO SORRENTINO, MANAGER  
\_\_\_\_\_  
Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "BODY DETAILS, LLC" IS DULY FORMED  
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND  
HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS  
OF THE THIRTEENTH DAY OF SEPTEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BODY DETAILS,  
LLC" WAS FORMED ON THE THIRTEENTH DAY OF SEPTEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN  
ASSESSED TO DATE.

2019 SEP 16 PM 4:42  
JWB



7563195 8300

SR# 20197028885

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JWB", written over a horizontal line.

Authentication: 203592346

Date: 09-13-19