

MR. 0000000054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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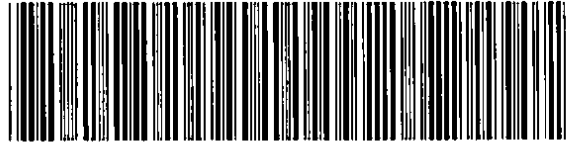
(Business Entity Name)

(Document Number)

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01/02/2020

TO: Registration Section Division of Corporations

Debit Account Number: I20170000006

SUBJECT: ELEGANCE LIVING EMPLOYER, LLC

Dear Sir or Madam:


The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and account number are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Name: Marcela  
Firm/Company: All American Document Services, LLC  
Address: 701 SE 32<sup>nd</sup> Court, Ste 206  
City/State and Zip code: Fort Lauderdale, FL 33316  
E-mail address: Orders@allamericandocs.com

For further information concerning this matter, please call:

Marcela at (954) -761-7292

Authorized Signature: 

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

### MAILING ADDRESS:

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

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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. Elegance Living Employer, LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name is available, 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. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-3189155  
(FEI number, if applicable)

4. \_\_\_\_\_  
(Only file transacting business in Florida, if prior to registration.  
(See sections 605.0904 & 605.0905, F.S. as to corporate power liability)

5. 1416 Clarkview Road  
(Street Address of Principal Office)

6. 1416 Clarkview Road  
(Mailing Address)

Baltimore, MD 21209  
Baltimore, MD 21209

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

Name: TRAC - The Registered Agent Company

Office Address: 236 E. 6th Avenue

Tallahassee, Florida 32303  
(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.

  
(Registered agent's signature)

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FILED

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: Kenneth R. Assiran

**Member** Address: 1416 Clarkview Road

**Authorized** Baltimore, MD 21209

Person \_\_\_\_\_

**Other** \_\_\_\_\_  **Other** \_\_\_\_\_

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

**Manager** Name: Joe Jedlowski

**Member** Address: 1416 Clarkview Road

**Authorized** Baltimore, MD 21209

Person \_\_\_\_\_

**Other** \_\_\_\_\_  **Other** \_\_\_\_\_

**Manager** Name: John W. Dwyer

**Member** Address: 1422 Clarkview Road

**Authorized** Baltimore, MD 21209

Person \_\_\_\_\_

**Other** \_\_\_\_\_  **Other** \_\_\_\_\_

**Manager** Name: \_\_\_\_\_

**Member** Address: \_\_\_\_\_

**Authorized** \_\_\_\_\_

Person \_\_\_\_\_

**Other** \_\_\_\_\_  **Other** \_\_\_\_\_

**Manager** Name: \_\_\_\_\_

**Member** Address: \_\_\_\_\_

**Authorized** \_\_\_\_\_

Person \_\_\_\_\_

**Other** \_\_\_\_\_  **Other** \_\_\_\_\_

**Manager** Name: \_\_\_\_\_

**Member** Address: \_\_\_\_\_

**Authorized** \_\_\_\_\_

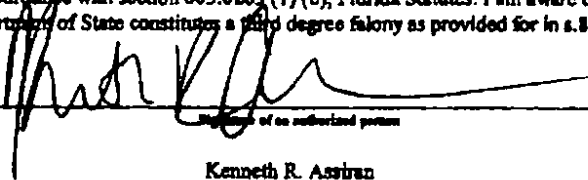
Person \_\_\_\_\_

**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  
 Kenneth R. Assiran  
 \_\_\_\_\_  
Typed or printed name of signer

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# Delaware

The First State

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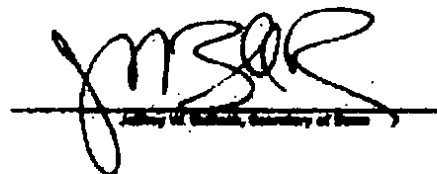
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ELEGANCE LIVING EMPLOYER, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ELEGANCE LIVING EMPLOYER, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF SEPTEMBER, A.D. 2019.

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

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Jeffrey W. Bullock, Secretary of State

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

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Date: 12-23-19