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COVER LETTER

TO:	Registration Section Division of Corporation	ns				:
SUBJE	LOUIE'S COSMET	ics, llc				
		Name of Li	mited Liability	Company		
LAISTEIL	e, and check are submitte	eign Limited Liability Compat d to register the above reference	ted foreign lin	zation to Transa nited liability co	oct Business in Florida," C empany to transact busines	estificate of is in Florida.
Please re	eturn all correspondence of	concerning this matter to the fo	llowing:			
	EYAL SAPIR					
	·	Nam	e of Person			
						1
	 	Firm	/Company			
	3340 NE 190 S	Γ, #1102			·	
			Address			
	AVENTURA, I	L 33180				
		City/State	and Zip Code	3		
	sapir.eyal@gmail	.com				
		E-mail address: (to be used for	or future annus	report notifica	tion)	-
For furth	er information concerning	this matter, please call:				
	Dee Chopyak		954 t (351-8800 ex	a 3	
	Name of	Contact Person	Area Code	Daytime	Telephone Number	
1 !	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Fallahassee, FL 32314			STREET AD Division of Co Registration S Clifton Buildi 2661 Executiv Tallahassee, F	orporations ection ng re Center Circle	
I 1	Enclosed is a check for the Please make check payabl	following amount: to: FLORIDA DEPARTMI	ENT OF STA	TE		
	\$125,00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$ 155.00	Filing Fee & ed Copy	S160.00 Filing Fcc. of Status & Certifie	Certificate d Copy

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LOUIE'S COSMETICS, LLC (Name of Foreign Umitted Utability Company, must include "Limited Liability Company," "LLC," or "LLC.") Finance unavailable, enter alternate name adopted for the purpose of transacting basiness in Florida. The alternate name mans include "Limited Liability Company," "LLC," or "LLC.") STATE OF GEORGIA (Introduction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida. If prior to registration.) (See ascrious 603 0904 & 603 0903, F.S. to determine permitty liability) 3340 NE 190th St, #1102 (Surcet Address of Frincipal Office) Aventura, FL 33180 Aventura, FL 33180 Eyal Sapir Name: Eyal Sapir	ANYTOTRANSACT BUS	YON 605.0902, FLORIDA STATUTES, THE FOLLO INESS INTHE STATE OF FLORIDA:	WING IS SUBMITTED TO REGISTER A FOREIGN L	UMTED LIABILITY
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC." or				
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Title or Capacity:	Name and Address:	Title or Capacity:	Name and A	dress:
Manager	Name: Eyal Sapir	Manager	Name: Rachel Glaser	
Member	Address: 3340 NE 190th St, #1102	Member	Address: 3340 NE 190th St.	1102
Authorized	Aventura, FL 33180	Authorized	Aventura, FL 33180	
Person		_ Person		
Other	Other	Other	Other	
☐Manager	Name:	☐ Manager	Name;	
Member	Address:	☐ Member	Address:	
Authorized		Authorized		
Person		Person		
Other	Other	Other	Other	
Manager	Name:	. Manager	Name:	
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Control Number: 10056655

STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the my office that

LOUIE'S COSMETICS, LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 18202577 Date Inc/Auth/Filed: 084 1/2010 Jurisdletion : Goorgia Print Date : 12/16/2019

Form Number : 21

Brad Raffery

Brad Raffensperger Secretary of State