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Tc:

Division of Corporations

Fax Number : (850) 617-6383

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Email Address:

# Foreign Limited Liability Company THE PEACH BAR WAXING CENTER LLC

Certificate of Status	U
Certified Copy	1
Page Count	07
Estimated Charge	\$155.00

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Corporate Filing Menu

Help

### COVER LETTER

UBJECT:	Name of Limited Liability Company			
The enclosed Existence, an	"Application by Foreign Limited Liability d check are submitted to register the above	Company for Authoriza referenced foreign limi	tion to Transact Business in Florida," ( ted liability company to transact busine	Certificate ess in Flori
lease return	all correspondence concerning this matter	to the following		
	Cheyenne Moseley			
		Name of Person		
	Legalzoom.com, Inc			
		Firm/Company		
	101 N Brand Blvd 11th Fl			
		Address		
	Glendale, CA 91203			
		City/State and Zip Code		20
	erica,camacho l 228@yahoo.com			2020 11
	E-mail address. (to b	ne used for future annua	Freport notification)	1
For further in	nformation concerning this matter, please ca	ail.		L/3
Che	eyenne Moseley	800 at (	773-0888	r::  0: 32
	Name of Contact Person	Area Code	Daytime Telephone Number	3 2 2
Div Reg P O	SILING ADDRESS: ision of Corporations sistration Section Box 6327 shassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	. •

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

IN COMPLANCE WITH SECTION 605,0902 FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS AND IE STATE OF FLORIDAY

ame unavailable, enter alternate na	ne adopted for the purpose of transacting Lusiness in Flo	ida. The alternate name initiat include ' Limit	ed Lashility Company," "L.L.C." or "Ll.C.
New Jersey		83-2693006	
(Jurisdiction under the law of wh	ch fiscere limited hability company is regarized)	З	inimber if apolicable)
00.000.000			
02/10/2020			
	(Date first transacted husinoss in Florida, it presido (See section) 6 (5 0004-8, 605,0005, F.S. to determ	egistration) re-penalty-hability)	
1055 US 46		1055 US 46	
(Sireet Aildress of P	onegral Office)	(Mashe	ig Address)
Chilton, NJ 07013		Clifton, NJ 97013	
Children Na Cross			<u> </u>
			<u> </u>
			129
			1
Name and street address	s of Florida registered agent: (P.O. Bo	NOT acceptable)	N
Traffic and <u>intest dodges.</u>	_ 0.		
			ē
Name:	UNITED STATES CORPORATION	AGENTS, INC.	 
name:			$\sim$
	5575 S. Semoran Blvd., Suite 36		
Office Address:			
	Orlando	32833	
	(City)	, Florida	Zip asle)

Registered agent's acceptance:

THE BEACH DAD WAYING CENTER LLC

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.



To: Page 5 of 6

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]:

Tide or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name: Erica Camacho	Manager Manager	Name: Daniel Colon
<b>■</b> Member	Address:	Member	Address:
Authorized	Cliffon, NJ 07013	Authorized	Cliffon, NJ 07013
Person		Person	
Other	Other	Other	Other
Manager	Name:	Manager	Name:
Member	Address:	Member	Address:
Authorized		Authorized	
Person		Person	
Other	Other	Other	Other
			2011.2
Manager	Name:	Manager	Name:
Member	Address:	Member	Address:
Authorized		Authorized	
Person		Person	3
Other	Other	Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 fulse information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

2 Canvillo
Signification authorized persons
Erica Camacho
Typed or printed name of nignee

## STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

#### THE PEACH BAR WAXING CENTER LLC 0450326957

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on November 29, 2018.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

UNITED STATES CORPORATION AGENTS, INC. 330 CILANGEBRIDGE RD STE 101 PINE BROOK, NJ 07058



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 2nd day of March, 2020

Elizabeth Maher Muoio State Treasurer

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Certificate Number: 6105481904

Verify this certificate online at

nttps://www.l.state.nj.us/TYTR\_StandingCert/JSPN/erify\_Cert.jsp