

(Red	questor's Name)	
(Ada	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
102000	<u> </u>	-2

Office Use Only



600346087726

U5/22/20--01005--017 →+125.00

RECEIVED
JUN 1 9 2020

1020 JE -8 Fil 2:51



June 23, 2020

CAMILLE GRANT 857 SW MUNJACL CIRCLE PORT SAINT LUCIE, FL 34986 US

SUBJECT: PURELY BACHELORETTE LLC

Ref. Number: W20000063842

We have received your document for PURELY BACHELORETTE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass Regulatory Specialist II

Letter Number: 220A00012420

RECEIVED

တ်

www.sunbiz.org

COVER LETTER

Registration Section Division of Corporations

TO:

nclosed "A				u 011111	Company	
ence, and ch	oplication by Foreign seck are submitted to	Limited Liability Con register the above refe	npany for A renced fore	uthoriza ign limit	tion to Transact Business in Florida ed liability company to transact bus	," Certificate iness in Flor
e return all	correspondence conc	erning this matter to th	c following	:		
	Camille Grant					
		1	Name of Pe	rson		_
	Purely Bachelorette	LLC				
			Firm/Comp	any		_
	857 SW Munjack C	Circle				
			Address			_
	Port Saint Lucie, F	1, 34986				
		City/	State and Z	ip Code		_
	purelybachelorette@	gmail.com				<u>~</u>
-	E-	mail address: (to be us	ed for futur	e annual	report notification)	7020
arther infor	nation concerning th	is matter, please call:				
Camille	e Grant		404 at (432-7176	ر د د
	Name of Co	ontact Person	Ar	ea Code	Daytime Telephone Number	.; ;;
Division Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section x 6327 ssee, FL 32314				STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	<u>51</u>
	d is a check for the fo	ollowing amount: o: FLORIDA DEPAR	TMENT (OF STA	TE	

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:

name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Floric	la. The alternate name must include "Limited Liability Co	ompany," "L.L.C," or "LLC ")
Arizona		823177059 3.	
(Jurisdiction under the law of which foreign limited liability company is organized)		3. (FEI number, if ap	plicable)
	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determine	gistration.) penulty liability)	-
857 SW Munjack Circle		857 SW Munjack Circle	
(Street Address of Principal Office)		6. (Mailing Address)	
Port Saint Lucie, FL 34986		Port Saint Lucie, FL 34986	
			2020
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	; C)
			-3
Name:	Camille Grant		r;>
Office Address:	857 SW Munjack Circle		<u> </u>
	Port Saint Lucie	34986 , Florida(Zip code)	
	(City)	(Zin code)	-

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: Title or Capacity: Name and Address: Name: Camille P. Grant Name: ___Ashley C. Korth Manager Manager Address: _____857 SW Munjack Circle Address: 189 N Marengo Ave #110 ■ Member Member Port Saint Lucie, FL 34986 Pasadena, CA 91101 Authorized Authorized Person Person Other Other____ Other____ Other____ Manager Name: _____ ■ Manager Name: Member Address: Member Address: ____ ☐ Authorized Authorized Person Person Other Other Other____ Manager Name: Manager Member Address: Member Address: Authorized Authorized Person Person 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 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. ignature of an authorized person Camille P. Grant

Typed or printed name of signee





STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

1, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

PURELY BACHELORETTE LLC

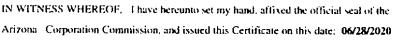
ACC file number: L22413150

2025

was incorporated under the laws of the State of Arizona on 12/11/2017, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.







Matthew Neubert, Executive Director



