

Division of Corporations

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M20000010772

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (650) 617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : 120080000045
Phone : (302) 645-7400
Fax Number : (302) 645-1280

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: julian@sabre.cc

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CLERK OF SUPERIOR COURT
HARRIS COUNTY TEXAS

**Foreign Limited Liability Company
New Image Relief LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

NOV 25 2020

M. SOLOMON

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Corporate Filing Menu

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CLERK OF SUPERIOR COURT
HARRIS COUNTY TEXAS

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN COMPLIANCE WITH SECTION 605.092, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. New Image Relief LLC

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

(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 "L.L.C.")

2. Delaware

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

(F.I.T. number, if applicable)

4.

12/1/2020

(Date first transacted business in Florida; if prior to registration,
(See sections 605.0931 & 605.0932, F.S. to determine penalty liability.)

4700 Millenia Blvd

5. (Street Address of Principal Office)

4700 Millenia Blvd

6. (Mailing Address)

Suite 270

Suite 270

Orlando, FL 32839

Orlando, FL 32839

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

Name: Robert Lopez

Office Address: 4700 Millenia Blvd Suite 270

Orlando

(City)

32839

Florida

(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.

Robert Lopez

(Registered agent's signature)

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FILED
2020 NOV 24 AM 9:07
CLERK OF COURT
JUDICIAL CIRCUIT IN FLORIDA

(((H20000405062 3)))

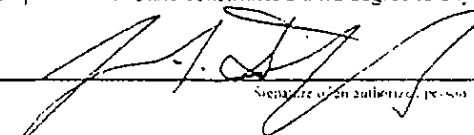
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Stanley Chao</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Julian Stapleford</u>
<input checked="" type="checkbox"/> Member	Address: <u>4700 Millenia Blvd</u>	<input type="checkbox"/> Member	Address: <u>4700 Millenia Blvd</u>
<input type="checkbox"/> Authorized	Suite 270	<input type="checkbox"/> Authorized	Suite 270
Person	<u>Orlando, FL 32839</u>	Person	<u>Orlando, FL 32839</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Robert Lopez</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>4700 Millenia Blvd</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Suite 270	<input type="checkbox"/> Authorized	_____
Person	<u>Orlando, FL 32839</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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 authorized person
 Julian Stapleford

 Typed or printed name of signer

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2020 NOV 24 AM 9:07
 FILED
 CLERK OF DISTRICT COURT
 1000 N. GULF BLVD
 SUITE 1000
 ORLANDO, FL 32839

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Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEW IMAGE RELIEF 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 SEVENTEENTH DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NEW IMAGE RELIEF LLC" WAS FORMED ON THE TWELFTH DAY OF NOVEMBER, A.D. 2020.

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



4123002 8300

SR# 20208420983

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204096194

Date: 11-17-20

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