

M 20000011865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

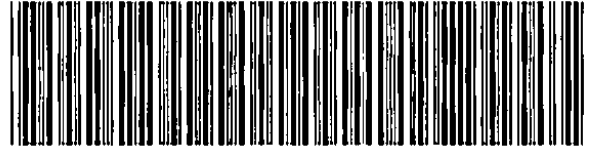
(Document Number)

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Special Instructions to Filing Officer:

W20000133819

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RECEIVED
2021 DEC 23 PM 2:42
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

US
12/23/

TO: Registration Section
Division of Corporations

SUBJECT: Colin Cowie Lifestyle LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Marisa Denver

Name of Person

Colin Cowie Lifestyle LLC

Firm/Company

7 Ginger Root Lane

Address

Rancho Palos Verdes, CA 90275

City/State and Zip Code

marisa.denver@colincowie.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marisa Denver

Name of Contact Person

at (310 , 739 196)

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

FILED
2021 DEC 23 PM 2:42



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 20, 2020

MARISA DENVER
7 GINGER ROOT LANE
RANCHO PALOS VERDES, CA 90275

SUBJECT: COLIN COWIE LIFESTYLE LLC
Ref. Number: W20000133819

We have received your document for COLIN COWIE LIFESTYLE LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 620A00023495

Attached

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DEC 21 2020

Message 12/6/2020 12:50
www.sunbiz.org

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

(If name unavailable, 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. 61-1812092
(EIN number, if applicable)

4. Nov 1, 2020
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2900 NE 7th Avenue
(Street Address of Principal Office)

6. Colin Cowie Lifestyle
7 Ginger Root Lane
(Mailing Address)

4902
Miami, Florida 33137

Rancho Palms Verdes,
90275

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

Name: Colin Cowie

Office Address: 2900 NE 7th Ave # 4902

Miami, Florida 33137
(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 designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar and accept the obligations of my position as registered agent.

Colin
(Registered agent's signature)

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33137

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]:

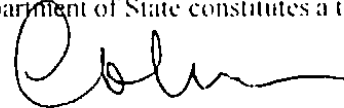
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Marisa Denver</u>	<input type="checkbox"/> Manager	Name: <u>Colin Cowie</u>
<input type="checkbox"/> Member	Address: <u>7 Ginger Root Ln</u>	<input checked="" type="checkbox"/> Member	Address: <u>2900 NE 7th</u>
<input checked="" type="checkbox"/> Authorized Person	<u>Rancho Palos Verdes CA</u> <u>90275</u>	<input type="checkbox"/> Authorized Person	<u># 4902</u> <u>Miami, FL 3</u>
<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 Person	_____	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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CLERK OF COURT
CLERK OF COURT

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. If 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 jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate and 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
Colin Cowie
Typed or printed name of signer

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COLIN COWIE LIFESTYLE 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 TENTH DAY OF DECEMBER, A.D. 2020.

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Jeffrey W. Bullock, Secretary of State

6241504 8300

SR# 20208605016

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 20428905

Date: 12-10-2