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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

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Account Number : I20030000004
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**Foreign Limited Liability Company
BLEU SALON, LLC**

Certificate of Status	0
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Page Count	03
Estimated Charge	\$125.00

52
2/4/21

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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. BLEU SALON, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. NORTH DAKOTA
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 86-1665419
(FEI number, if applicable)
4. _____
(Date first transacted business in Florida, if prior to registration.
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability))
5. 3451 Lithia Pinecrest Road
(Street Address of Principal Office)
Valrico, Florida 33596
6. 3451 Lithia Pinecrest Road
(Mailing Address)
Valrico, Florida 33596
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Company of Orlando

Office Address: 300 South Orange Avenue, Suite 1600 (MCK)

Orlando, Florida 32801
(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 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.

CORPORATION COMPANY OF ORLANDO

Michael L. Core
(Registered agent's signature)
Michael L. Core, Vice President

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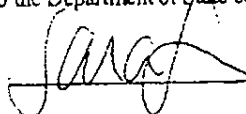
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Sara Fridrich	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 3451 Lithia Pinecrest Road	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Valrico, Florida 33596	<input type="checkbox"/> Authorized	_____
Person	_____	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 _____
 <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 an authorized person

Sara Fridrich

Typed or printed name of signer

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State of North Dakota

SECRETARY OF STATE



Certificate of Good Standing of Bleu Salon, LLC

SOS Control ID#: 0005426633

Certificate #: 019592328

The undersigned, as Secretary of State of the state of North Dakota, hereby certifies that,
according to the records of this office,

Bleu Salon, LLC

a Limited Liability Company - Business - Domestic was formed under the laws of NORTH DAKOTA
and filed with this office effective January 28, 2021. This entity has, as of the date set forth below,
complied with all applicable North Dakota laws.

ACCORDINGLY, the undersigned, as such Secretary of State, and by virtue of the authority
vested in him by law, hereby issues this Certificate of Good Standing.

DATE: February 2, 2021

Alvin A. Jaeger
Secretary of State