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### COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	PIERCE FAMILY TAN & SPA, LLC			
	Name of Limited Liability Company			
The end Existen	closed "Application by Foreign Limited Liability ce, and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida		
Please	return all correspondence concerning this matter t	to the following:		
	Josh Masters			
	Name of Person			
	Landmark PLC, CPAs			
	Firm/Company			
	3101South 70th St			
		Address		
	Fort Smith, AR 72903			
		City/State and Zip Code		
	jmasters@landmarkepas.com			
	E-mail address: (to b	e used for future annual report notification)		
For fur	ther information concerning this matter, please ca	all:		
	Larissa Miller	479 484-5740 at ()		
	Name of Contact Person	Area Code Daytime Telephone Number		
	Mailing Address:	Street Address: Registration Section		
	Registration Section Division of Corporations	Division of Corporations		
	P.O. Box 6327	The Centre of Tallahassee		
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		
		Tallahassee, FL 32303		
	Enclosed is a check for the following amount: Please make check payable to: FI.ORIDA DEI  \$125.00 Filing Fee \$130.00 Filing Fe  Certificate	ee & 🗏 \$155.00 Filing Fee & 🗀 \$160.00 Filing Fee, Certificate		

## 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: PIERCE FAMILY TAN & SPA, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," 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," "L.L.C," or "LLC,") OKLAHOMA (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605 0905, F.S. to determine penalty liability) 921 WEST CHEROKEE AVE (Street Address of Principal Office) SALLISAW OK 74955 SALLISAW OK 74955 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) AlexAndrea Pierce Name: 8457 Cooper Creek Blvd Office Address: Bradenton , Florida (City) 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

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.

✓	Alex Pierce	
	(Registered agent's signature)	-

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]: Name and Address: Name and Address: Title or Capacity: Title or Capacity: AlexAndrea Pierce JOEL R PIERCE Name: ■ Manager Name: Manager 8457 Cooper Creek Blvd 921 WEST CHEROKEE AVE Address: □Member Member Address: Bradenton, FL 34201 SALLISAW OK 74955 Authorized ☐ Authorized Person Person Other\_\_\_\_ □Other Other\_ Name: □Manager □Manager Name: □Member Address: □Member □ Authorized ☐ Authorized Person Person □Other\_\_\_\_\_ Other\_ □Other □Other\_\_\_\_\_ Name: □Manager □Manager Name: Address: Address: □Member ☐ Member □ Authorized ☐ Authorized Person Person □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. \* Alex Pierce Signature of an authorized person AlexAndrea Pierce

Typed or printed name of signee

#### OFFICE OF THE SECRETARY OF STATE



## CERTIFICATE OF GOOD STANDING DOMESTIC LIMITED LIABILITY COMPANY

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that <u>PIERCE FAMILY TAN AND SPA, LLC</u> whose registered agent is <u>JOEL R PIERCE</u>, with its registered office at <u>921 WEST CHEROKEE AVENUE SALLISAW 74955 USA</u> Oklahoma is a <u>Domestic Limited Liability Company</u> duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 16th, day of November, 2021.

Secretary Of State