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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

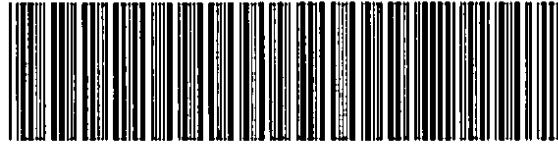
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AA COSMETICS, 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:

GRAEME TUROFSKY

Name of Person

SYNERGY GROUP SOLUTIONS, LLC

Firm/Company

7208 WEST SAND LAKE ROAD, SUITE 305

Address

ORLANDO, FL 32819

City/State and Zip Code

GRAEME@GROUPSYNERGYLLC.COM

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

For further information concerning this matter, please call:

GRAEME TUROFSKY

407

625-7070

at ()

Name of Contact Person

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

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

AA COSMETICS FL, 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. PUERTO RICO
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 66-0917098
(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. 6165 AVE ISLA VERDE 669
(Street Address of Principal Office)

6. 6165 ISLA VERDE 669
(Mailing Address)

CAROLINA, PR 00979

CAROLINA, PR 00979

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

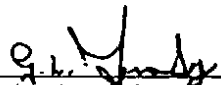
Name: SYNERGY GROUP SOLUTIONS, LLC

Office Address: 7208 SAND LAKE ROAD, SUITE 305

ORLANDO 32819
(City) , 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.


(Registered agent signature) GRAEME TUROFSKY.

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SECRETARY OF STATE

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:**

☐ Manager Name: TOMER BRENNER

☒ Member Address: 6165 AVE ISLA VERDE 669

☐ Authorized CAROLINA, PR 00979

Person

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized

Person

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized

Person

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized

Person

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized

Person

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized

Person

☐ Other ☐ Other

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CLERK OF COURT
STATE OF FLORIDA

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.

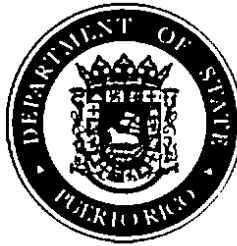
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must 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.

Tomer Brenner
Signature of an authorized person

TOMER BRENNER

Typed or printed name of signer



Government of Puerto Rico
Department of State

Transaction Date: 06-Feb-2019
Register No: 422354
Order No: 1535172

Government of Puerto Rico

Certificate of Formation of a Limited Liability Company

Article I - Limited Liability Company Name

The name of the Domestic Limited Liability Company is: AA COSMETICS L.L.C.

Desired term for the entity name is: L.L.C.

Article II - Principal Office and Resident Agent

Its principal office in the Government of Puerto Rico will be located at:

Street Address 6165 Ave Isla Verde, 669, CAROLINA, PR, 00979
Mailing Address 6165 Ave Isla Verde, 669, CAROLINA, PR, 00979
Phone (787) 644-9448

The name, street and mailing address of the Resident Agent in charge of said office is:

Name Brenner, Tomer
Street Address 6165 Ave Isla Verde, 669, CAROLINA, PR, 00979
Mailing Address 6165 Ave Isla Verde, 669, CAROLINA, PR, 00979
Email admin@cosmeticspr.com
Phone (787) 644-9448

Article III - Nature of Business

This is a For Profit entity whose nature of business or purpose is as follows:

Venta de cosmeticos y productos de cuidado para la piel

Article IV - Authorized Persons

The name, street and mailing address of each Authorized Person is as follows:

Name Brenner, Tomer
Street Address 6165 Ave Isla Verde, 669, CAROLINA, PR, 00979
Mailing Address 6165 Ave Isla Verde, 669, CAROLINA, PR, 00979
Email admin@cosmeticspr.com

Article V - Administrators

If the faculties of the Authorized Persons will end upon the filing of the Certificate of Formation of a Limited Liability Company, the names, physical and mailing address of the persons who will act as Administrators until the first annual meeting of the members or until their successors replace them are as follows:

Name Gonzalez, Melanie

Title **Assistant secretary**
Street Address **6165 Ave Isla Verde, 669, CAROLINA, PR, 00979**
Mailing Address **6165 Ave Isla Verde, 669, CAROLINA, PR, 00979**
Email **admin@cosmeticspr.com**
Expiration Date **Indefinite**

Article VI - Terms of Existence

The term of existence of this entity will be: **Perpetual**

The date from which the entity will be effective is: **06-Feb-2019**

Supporting Documents

Document	Date Issued
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STATEMENT UNDER PENALTY OF PERJURY

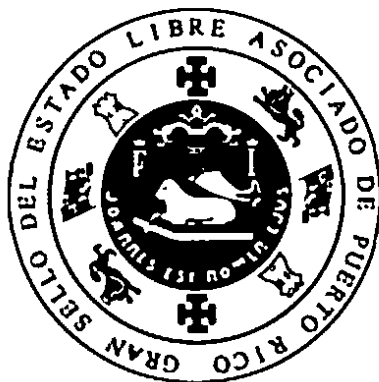
IN WITNESS WHEREOF, I/We Brenner, Tomer, the undersigned, for the purpose of forming a limited liability company pursuant to the laws of Puerto Rico, hereby swear that the facts herein stated are true.
This 6th day of February, 2019.



CERTIFICATE OF GOOD STANDING

I, **Omar J. Marrero Díaz**, Secretary of State of the Government of Puerto Rico,

CERTIFY: That, pursuant to Puerto Rico's General Law of Corporations, **AA COSMETICS L.L.C.**, register number **422354**, a **for profit domestic** Limited Liability Company organized under the laws of Puerto Rico on **February 6, 2019**, has complied with the payment of its Annual Fees.



IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, **September 21, 2022**.

Omar J. Marrero Díaz
Secretary of State

To validate this certificate go to: <https://estado.pr.gov/>

This certificate is valid for one (1) year from issue date (Regulation 8688, Art. 26). However, it is subject to faithful compliance with the provisions of Chapter XV and Chapter XXI of Act 164-2009, as applicable.

Certificate Validation Number: **489091-65120275**