From: David Th

12/26/22, 3.01 PM

Page, 2 of 5

Division of Corporations

Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000435489 3)))



Note: D	O NOT hit the REFRESH/RELOAD button on your browser from this page.
	Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Fax Number : (614)573-3996

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

Email Address:_

35 $\ddot{\sim}$

Foreign Limited Liability Company PMP Skintastic Holdings, LLC

Certificate of Status	U
Certified Copy	1
Page Count	()4
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

From: David TI

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION (05,0502, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED DABILITY COMPANY TOTRANSACT BUSINESS IN THE STATT, OF FLORIDA:

(Name of Foreign	Limited Liability Company, must include "Limited	Liability	Company, "L.L.C. or "LLC.")	
l name unaviolable, enter alternate i	aine adopted for the purpose of transacting business in Fl	inda The	alternate name most archede "Lamitee Liability Co	ompany,"""L.E.C. or "Li
Delaware				
	high foreign hinned hability company is organized)	3.	iFf:I number, it app	
Durisdiction under the law of w	high foreign limited lightlifty company is organized;		iFht number, if app	licable;
	(Date first transacted business in Florida, if prior to (See sections 605 0904 A 605 0905, F.S. to determ	egistration re penalty	hability)	
250 Mariner Blvd		6.	944 Main Street	
(reet Address of Principal Office)			(Mailing Address)	
Spring Hill, FL 34609			Branford, CT 06405	197
				£3
	·		· · ·	
1				28
. Name and street address	s of Florida registered agent: (P.O. Box	NOT a	eceptable)	P., 5:
	C.T. Companion System			?:
Name:	C T Corporation System		···-	
	1200 South Pine Island Road			
Office Address:				
	Plantation		33324 , Florida	
	(Cny)		(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.

Н	y: CT Corporation System y: Object Hinkel, View President
	(Registered agent's signature)

DucuSign Envelope ID: DC9D0543 467C-405D-B39B-148ACCA21AE3

8. For initial index manage [up to six (f		rposes, list names, title or capacity and ad]:	idresses of the primary r	nembers/mana	gers or persons authorized to
Title or Capacity:		Name and Address:	Title Or Capacity:		Name and Address:
☑Manager	Nam	PMP OPCO, LLC	□Manager	Name:	
∃Member	Addi	ess:	☐ Member	Address:	
□Authorized	Spri	ng Hill, FL 34609	☐ Authorized		· · · · · · · · · · · · · · · · · · ·
Person			Person		
□Other		Other			□Other
□Manager	Nam	: :	□Manager	Name:	
□Member	Addi	P55:	I Member	Address:	
□Authorized			☐ Authorized		
Person			Person		
□Other					□Other
					□Other 28
□Manager	Nam	e:	□Manager	Name:	
□Member	Addı	ess:	□Member	Address:	-0
□Authorized			☐ Authorized		<u></u>
Person			Person		
Other		Other	Other		□Other
9. Attached is a cert jurisdiction under the of the translator mu- 10. This document is	may lificate ificate ie law si be s is exer	attachment to report more than six (6). The added to the index when filing your Floor of existence, no more than 90 days old, dof which it is organized. (If the certificate abmitted) atted in accordance with section 605,0203 of the Department of State constitutes a this Goodsgood by:	rida Department of State luly authenticated by the is in a foreign language (1) (b), Florida Statutes	e Annual Report official having that a translation official having	ort form. g custody of records in the of the certificate under oath hat any false information
		MCE Williams FOOCFIC/SQA264D1 Signature of			
		Signature of	an authorized person	_	_
		Nick Williams			
		Typed or p	rinted name of signes		_

To:

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PMP SKINTASTIC HOLDINGS, 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 SIXTH DAY OF DECEMBER, A.D. 2022.

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

28 F. 21



7171376 8300

SR# 202241841**d**3

Authentication: 205015288

Date: 12-06-22