# M23000000692

(Re	questor's Name)	
(Ad	Cress)	
(Ad	dress)	
· · (Cit	y/State/Zip/Phone #)	<del></del>
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Name)	
(Đo	cument Number)	
end Copies	Certificates of	Status
-cal Instructions to Film	ng Officer:	

Office Use Only



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S. FRANKLIN

JAN 2 0 2023

# Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

# **incser**v<sup>o</sup>

### **ORDER FORM**

TO Florida Department of State

> The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

**FROM** Melissa Moreau

mmoreau@incserv.com

850.656.7953

**REQUEST DATE** 1/19/2023

**PRIORITY** Regular Approval

**OUR REF # (Order ID#)** 1115356

**ORDER ENTITY** 

BEAUTY BAR SEATTLE LLC

## PLEASE PERFORM THE FOLLOWING SERVICES:

BEAUTY BAR SEATTLE LLC (FL)

File the attached foreign qualification document



### **NOTES:**

\$125.00 Authorized

### **RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Thursday, January 19, 2023 Page I of I

### COVER LETTER

то:	Registration Section Division of Corporations			
SUBJE	BEAUTY BAR SEATTLE			
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CT:	Name of Limited Liability Company	-	
		nited Liability Company for Authorization to Transact Business in Florida, ister the above referenced foreign limited liability company to transact busi		
Please r	eturn all correspondence concerni	ng this matter to the following:		
	Karen L. Stewart, Paral	egal		
	,	Name of Person		
	Stokes Lawrence, P.S.			
		Firm/Company	•	
	1420 Fifth Avenue, Sui	te 30(0)		
	Address			
	Seattle, WA 98101			
		City/State and Zip Code	- (2) 	
	kls@stokeslaw.com		-	
	E-mail	address: (to be used for future annual report notification)	  	
For furt	her information concerning this ma	atter, please call:		
Karen L. Stewart		206 892-2162 at ( )		
	Name of Contac	at () ct Person Area Code Daytime Telephone Number	•	
Mailing Address: Registration Section Division of Corporations		Street Address: Registration Section Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
		wing amount:  LORIDA DEPARTMENT OF STATE  30,00 Filing Fee & S155,00 Filing Fee & S160,00 Filing Fee,  Certificate of Status Certified Copy of Status & Cer		

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTOTRANSACTBUSINESS IN THE STATE OF FLORIDAY

name unavailable, enter alternate i	tame adopted for the purpose of transacting business in Flo	enda The	alterna	e name must include "Lamited Laabibty Co	mpany," "L.1, C," or "L1)	
Washington			45	45-3046844		
(Jurisdiction under the law of w	hich foreign hinited hability company is organized)	3.		(FET number, it appl	icable)	
January 3, 2023						
	(Date first transacted business in Florida, if prior to re (See sections 605-0904 & 605-0905, U.S. to determin	egistratio ie penalty	n ) . liahilir	<u>, , , , , , , , , , , , , , , , , , , </u>		
411 University Street		6.	411	University Street (Mailing Address)		
cet Address of Principal Office)				(Mailing Address)	<del></del> -	
Seattle, WA 98101-2507			Seat	de, WA 98101-2507	<u></u>	
Nama and eterat addess	or of Elevida registered county (D4) Pers	NOT	0.10.00	toblas	10	
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box. <u>NOT</u> acceptable)		table)	بن			
N.	Katarzyna Michalski				 	
Name:				_	<b>V</b> 4	
Office Address:	217 Katherine Blvd., Apt. 2210					
	Palm Harbor			34684-3685 , Florida		
	(Cuy)		-	(Zip code)		

ree

and accept the obligations of my position as registered agent.

katarayna Michalski (Registered agent's signature)

Title or Capacity:	Name and Address:	Title or Capacit	Name and Address:	
■Manager	Name: Angela M. Rosen	□Manager	Name:	
□Member	Address: 411 University Street	□Member	Address:	
□Authorized	Seattle, WA 98101-2507	□Authorized		_
Person		Person		
□Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	5
□Member	Address:	□Member	Address:	<u> </u>
□Authorized		□Authorized		<u> </u>
Person		Person		
□Other	Other	□Other		□Other
indexed individuals  9. Attached is a cert jurisdiction under th of the translator mus  10. This document i	s executed in accordance with section 605.02 ment to the Department of State constitutes a	Florida Department of St.  J. duly authenticated by tate is in a foreign langua  203 (1) (b), Florida Statu	the official havinge, a translation	ort form.  ng custody of records in the certificate under or that any false information

Typed or printed name of signee

Angela M. Rosen, Manager



Secretary of State

I, STEVE R. HOBBS. Secretary of State of the State of Washington and custodian of its seal, hereby issue this

### CERTIFICATE OF EXISTENCE

**OF** 

### BEAUTY BAR SEATTLE LLC

**I CERTIFY** that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 04/05/2011.

**I FURTHER CERTIFY** that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 01/18/2023 UBI Number: 603 101 971 - 10:20



Given under my hand and the Scal of the State of Washington at Olympia, the State Capital

te R Hobbie

Steve R. Hobbs, Secretary of State

Date Issued: 01:18-2023