

# M23000001756

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐

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(Business Entity Name)

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S. ROBERTS

JAN 10 2023

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Weight Repair Hut and Face Rejuvenation LLC  
\_\_\_\_\_

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate 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:

Silviya Dragieva

\_\_\_\_\_  
Name of Person

Weight Repair Hut and Face Rejuvenation

\_\_\_\_\_  
Firm/Company

3248 Night Breeze Ln,

\_\_\_\_\_  
Address

Lake Mary, FL 32746

\_\_\_\_\_  
City/State and Zip Code

silviyadr@gmail.com

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

For further information concerning this matter, please call:

Silviya Dragieva

321

946-7691

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

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. Weight Repair Hut and Face Rejuvenation LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

Body and Face Rejuvenation 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. WY 3. 92-1521521  
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 1309 Coffeen Ave, STE 1200  
(Street Address of Principal Office)

6. \_\_\_\_\_  
(Mailing Address)

Sheridan, Wy, 82801

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

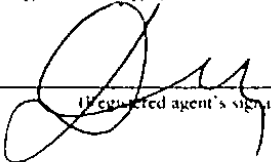
Name: Silviya Dragieva

Office Address: 3248 Night Breeze Ln

Lake Mary, Florida 32746  
(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.*

  
(Registered agent's signature)

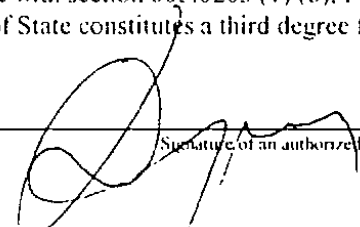
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<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: <u>Silviya Dragieva</u>	<input type="checkbox"/> Manager	Name: <u>Tanya Lambright</u>
<input checked="" type="checkbox"/> Member	Address: <u>3248 Night Breeze Ln.</u>	<input checked="" type="checkbox"/> Member	Address: <u>14618 Pale Cedar Square</u>
<input type="checkbox"/> Authorized	<u>Lake Mary, FL 32746</u>	<input type="checkbox"/> Authorized	<u>Winter Garden, FL 34787</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>
 <input type="checkbox"/> Manager	Name: <u></u>	 <input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>
 <input type="checkbox"/> Manager	Name: <u></u>	 <input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
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Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>

**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.

Silviya Dragieva  Silviya Dragieva  
Signature of an authorized person  
Typed or printed name of signee

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

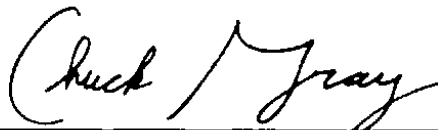
**Weight Repair Hut and Face Rejuvenation LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **January 2, 2023**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned identification number **2023-001202995**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 18th day of January, 2023 at 6:19 PM. This certificate is assigned ID Number 057842225



  
Secretary of State