

# M23000004128

\_\_\_\_\_  
(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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ALL AMOUNTS PAID

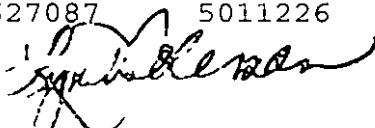
S. ROBERTS

APR - 3 2023

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 627087 5011226

AUTHORIZATION : 

COST LIMIT : \$ 125.00

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ORDER DATE : March 31, 2023

ORDER TIME : 2:0 PM

ORDER NO. : 627087-010

CUSTOMER NO: 5011226  
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FOREIGN FILINGS

NAME: COUTURE MED SPA FRANCHISING,  
LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: \_\_\_\_\_

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. **Couture Med Spa Franchising, LLC**  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. **Delaware** 3. **92-2050072**  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. **upon qualification**  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. **1427 Oriole Avenue** 6. **1427 Oriole Avenue**  
(Street Address of Principal Office) (Mailing Address)

**Orlando, FL 32803**

**Orlando, FL 32803**

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

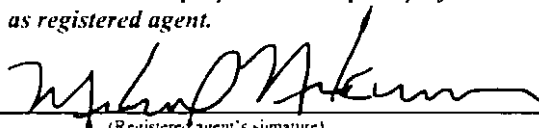
Name: **Michael E. Neukamm**

Office Address: **301 E. Pine Street, Suite 1400**

**Orlando** . Florida **32801**  
(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)

2023/11/01 11:10:25

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: Todd Chase

☐ Member      Address: 1424 Oriole Avenue

☐ Authorized      Orlando, FL 32803

Person \_\_\_\_\_

☒ Other Chief Executive Officer      ☒ Other Treasurer

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

☒ Manager      Name: Eric Dore

☐ Member      Address: 1424 Oriole Avenue

☐ Authorized      Orlando, FL 32803

Person \_\_\_\_\_

☒ Other President                      ☒ Other Secretary

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

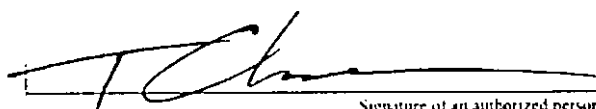
Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

**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.



Signature of an authorized person

**Todd Chase**

Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COUTURE MED SPA FRANCHISING, 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 THIRTY-FIRST DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COUTURE MED SPA FRANCHISING, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF JANUARY, A.D. 2023.

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



Jeffrey W. Bullock, Secretary of State

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SR# 20231244408

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203052451

Date: 03-31-23