# M2300004130

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	·
	23 20 Ch

Office Use Only



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03/08/23--01017--008 \*\*160.00



S FROM 121 APR 1 2 2003

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: JEKSPY GI	MIS Stron Line ed Liability Con ame of Limited Liability Company
	ity Company for Authorization to Transact Business in Florida," Certificate of ve referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matte	er to the following:
Chery 1	Celentano
DBA 1	Name of Person  (ILLIOY SAMS
1643 Rt 88	Hrm/Company
10 12 111 00	Address
Brick, N.	Address  City/State and Zip Code
+ Ciylor Sams	SDYICK OCCOMCAST. NCT  be used for future annual report notification)
For further information concerning this matter, please	call:
Scott Spwak Name of Contact Person	at (908) 910 - 2826 Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	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 D  \$125.00 Filing Fee \$130.00 Filing Certificat	DEPARTMENT OF STATE

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

	TION 605.0902, FLORIDA STATUTES, THE FO ISINESS IN THE STATE OF FLORIDA:	LLOWING IS SUBMITTED TO REGISTER A I	FOREIGN TJMITED TJABILITY
ı. Jerse	y Gyls SALON	Limited Liabili	ty Company
(Name of Foreign	Limited Liability Company; must include "Limited	Liability Company, L.E.C., or LCC, 1	, (1
(If name unavailable, enter alternate i	name adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited Liability	Company," "L.L.C," or "LL.C.")
2. (Jurisdiction under the law of w	CCS-CU hich foreign limited liability company is organized)	3. 213318954 (FEI number, II a	pplicable)
	Ç		20
4. <u>NONC</u>			73
	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605,0905, F.S. to determin	gistration.) e penalty liability)	70
5. 1043 Rt (Street Address of Principal Office)	88	6. 1043 Rt 88	-6 PH
Brick No	<u></u>	Brick NJ	on on
0872		08724	
7. Name and street addres	ss of Florida registered agent: (P.O. Box	<u>NOT</u> acceptable)	
Name:	Cheryi Celentan	10	
Office Address:	312 3rd St Sou	t-h	
	St-Pelersburg	, Florida 3370 (Zip code)	-
designated in this applica to comply with the provisi	tance: gistered agent and to accept service of pi tion, I hereby accept the appointment as ions of all statutes relative to the proper o s of my position as registered agent.	registered agent and agree to act in thi	is capacity. I further agree
	Mul all		<del></del> -
	(Registered agent's si	gnature)	

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> Fitle or Capacity:</u>	Name and Address:	Title or Capacity	<u>:</u>	Name and Address:
∃Manager	Name: Cheryl Colentario	□Manager	Name:	····
Member	Address: 48 Guadala Jara Dr.	□Member	Address:	
☐Authorized	TOMS RIVER NJ	□Authorized		
Person	08757	Person		
Other	Other	□Other		□Other
]Manager	Name:	□Manager	Name:	
]Member	Address:	□Member	Address:	7073
Authorized		□Authorized		PP T
Person		Person		<u> </u>
Other	Other	Other		□ Other Si
]Manager	Name:	□Manager	Name:	-
)Member	Address:	□Member		
Authorized		□Authorized		
Person		Person		
Other	Other	□Other	<u>.</u>	□Other

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.

Typed or printed name of signee

# STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

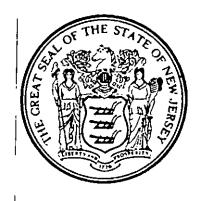
#### JERSEY GIRLS SALON LIMITED LIABILITY COMPANY 0400367961

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on September 02, 2010.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

CHERYL CELENTANO 1643 RT 88 BRICK, NJ 08724



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 5th day of April, 2023

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6141892668

Verify this certificate online at

https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp



March 26, 2023

CHERYL CELENTANO 1643 RT 88 BRICK, NJ 08724 US

SUBJECT: JERSEY GIRLS SALON LLC

Ref. Number: W23000040953

We have received your document for JERSEY GIRLS SALON LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 023A00006932

