M23000088/3

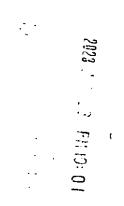
| (Requestor's Name) |
|---|
| |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| |

Office Use Only



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T. LEMIEUX

JUL 1 0 2023

COVER LETTER

| TO: Registration Section Division of Corporations | 2 |
|--|--|
| SUBJECT: FASIMON FIRST | Limited Liability Company |
| Name of I | Limited Liability Company |
| | pany for Authorization to Transact Business in Florida," Certificate of enced foreign limited liability company to transact business in Florida. |
| Please return all correspondence concerning this matter to the | following: |
| | 7 |
| Kenlee | DURD |
| N | erne of Person |
| Fagliss, for | CH INADKANG I LC |
| TO JAVA (II) | JI JUNATOVI LA |
| (r) | irm/Company |
| 910 GW |) 1/4°5t |
| | Address |
| Cape C | orah. FL 33991 |
| City/S | state and Zip Code |
| Kenea fa | Thian first WORShops. |
| E-mail address: (to be use | d for future annual report notification) |
| For further information concerning this matter, please call: | |
| Renee Prairy | at 908, 578-8561 |
| Name of Contact Person | Area Code Daytime Telephone Number |
| Mailing Address: | Street Address: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 | The Centre of Tallahassee |
| Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 |
| | Tallahassee, FL 32303 |
| Enclosed is a check for the following amount: | |
| Please make check payable to: FLORIDA DEPAR | |
| \$125,00 Filing Fee \$\frac{5}{3}130.00 Filing Fee & Certificate of St | □ \$155,00 Filing Fee & □ \$160,00 Filing Fee, Certificate atus Certified Copy of Status & Certified Copy |

p+622



June 8, 2023

RENEE BAIRD 910 SW 23 ST CAPE CORAL, FL 33991

SUBJECT: FASHION FIRST WORKSHOPS LLC

Ref. Number: W23000081024

We have received your document for FASHION FIRST WORKSHOPS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In section 5 please add the principal address.,

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.

Tracy L Lemieux Regulatory Specialist II

RECEIVED

Letter Number: 323A00013073

RESONDIAG.

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 RECISIER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSAÇTBUNINENS INTHE STATE OF FLORIDA: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
|---|
| rashion first Workshops LL. |
| (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 New Jersey 3 F342 603039. |
| (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) |
| (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) |
| |
| 5. 910 SW 23 M ST. (Street Address of Principal Office) 6. 910 SW 23 M ST. (Mailled Address) Cope (ORAL. FL.) |
| 33991. |
| |
| 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) |
| Name: RoNée Bourd. |
| Name: RoNée Bourd. Office Address: 910 SW 23MST Cape CONAL 33991 |
| Cope CONAL, Florida 33991. 2 |
| Paristared agent's accentance: |
| 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]: Title or Capacity: Title or Capacity: Name and Address: Manager □Manager Name: _____ □Member □Member Address: 7 Authorized ☐ Authorized Person Person □Other ___ Other Other___ Other____ □Manager Name: □Manager Name: _____ Address: □Member ☐ Member Address: _____ ☐ Authorized □ Authorized Person Person Other____ Other____ Other □Other____ Name: _____ □Manager □ Manager Name: ☐ Member Address: □Member Address: ☐ Authorized ☐ Authorized Person Person Other___ Other □Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 felow as provided for in s.817.155, F.S.

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES ANNUAL REPORT CERTIFICATE

FASHION FIRST WORKSHOPS LLC 0400590101

The Division of Revenue and Enterprise Services hereby affirms that the following annual report for FASHION FIRST WORKSHOPS LLC was submitted on 04/10/2023 for the year: 2023

Registered Agent and Office

RENEE G BAIRD 1253 DENMARK RD PLAINFIELD, NJ 07062

Main Business Address

910 SW 23RD ST CAPE CORAL, FL 33991

Officers and Directors

OTHER RENEE BAIRD 1253 DENMARK ROAD PLAINFIELD, NJ 07062

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal, this 10th day of April, 2023

der A Mun

Certificate Number: 2705494879 Verify this certificate online at https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp_State Treasurer

Elizabeth Maher Muoio