

8/18/23, 1:59 PM

Division of Corporations

Florida Department of State  
**M23000010883**

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230002877173)))



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To:

Division of Corporations  
 Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.  
 Account Number : I20010000062  
 Phone : (323)962-8600  
 Fax Number : (323)389-0502

\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company**  
**LIPSTICK & SWEATPANTS COMMUNICATIONS LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

RECEIVED

2023 AUG 18 PM 3:14

DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

2023 AUG 18 PM 4:07  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LIPSTICK & SWEATPANTS COMMUNICATIONS LLC

\_\_\_\_\_  
Name of Limited Liability Company

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

Cheyenne Moseley

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

Legalzoom.com, Inc.

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

101 N Brand Blvd 11th Fl

\_\_\_\_\_  
Address

Glendale, CA 91203

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

lisi.kristin@gmail.com

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

For further information concerning this matter, please call:

Cheyenne Moseley

800

773-0388

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

at (\_\_\_\_\_) \_\_\_\_\_

Area Code

Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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. LIPSTICK & SWEATPANTS COMMUNICATIONS 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. New York

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-3275266

(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. 4326 49th Street, A2

(Street Address of Principal Office)

6. 4326 49th Street, A2

(Mailing Address)

Sunnyside, NY 11104

Sunnyside, NY 11104

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

Name:

UNITED STATES CORPORATION AGENTS, INC.

Office Address:

476 Riverside Ave.

Jacksonville

(City)

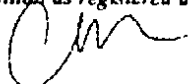
Florida

32202

(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.*



CHEYENNE MOSELEY, ASSISTANT SECRETARY,  
UNITED STATES CORPORATION AGENTS, INC.

(Registered agent's signature)

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TALIAVASSER FL

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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: Kristin Buehler

☒ Member

Address: 359 SW Sandy Way

☐ Authorized

Port Saint Lucie, FL 34986

Person

☐ Other☐ Other☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

\_\_\_\_\_

Person

☐ Other☐ Other☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

\_\_\_\_\_

Person

☐ Other☐ OtherTitle or Capacity:Name and Address:☐ 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

Kristin Buehler

Typed or printed name of signer

## STATE OF NEW YORK

## DEPARTMENT OF STATE

## Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	LIPSTICK & SWEATPANTS COMMUNICATIONS LLC
DOS ID Number:	5479105
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	01/22/2019
Statement Status:	CURRENT
Statement Due Date:	01/31/2023

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on August 18, 2023 at 02:57 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes  
Executive Deputy Secretary of State