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COVER LETTER

TO: Registration Section Division of Corporations

Beauty Gourmet, LLC
SUBJECT:

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Name of Limited Liability Company

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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:

	Adrian Ravenscroft		
		Name of Person	
	Beauty Gourmet, LLC		
		Firm/Company	·
	1570 Eisenhower Drive, Unit 307		
		Address	
	Boulder, CO 80303		
	(ity/State and Zip Code	
	a daine (a) b		
	adrian@beautygourmet.com		
		e used for future annual r	eport notification)
further info			eport notification)
	E-mail address: (to be	II: 508	eport notification) 954-6315
	E-mail address: (to b rmation concerning this matter, please ca	11: 508 at ()	954-6315
Adria Mailir	E-mail address: (to be rmation concerning this matter, please ca n Ravenscroft Name of Contact Person ing Address:	11: 508 at ()	954-6315
Adria <u>Mailin</u> Regis	E-mail address: (to be rmation concerning this matter, please ca n Ravenscroft Name of Contact Person ig Address: tration Section	ll: at () _Area Code <u>Street Address:</u> Registration Sec	954-6315 Daytime Telephone Number
Adria <u>Mailir</u> Regis Divis	E-mail address: (to be rmation concerning this matter, please ca n Ravenscroft Name of Contact Person ing Address: stration Section ion of Corporations	ll: at () Area Code <u>Street Address:</u> Registration Sec Division of Cor	954-6315 Daytime Telephone Number rtion porations
Adria <u>Mailin</u> Regis Divis P.O.	E-mail address: (to be rmation concerning this matter, please ca n Ravenscroft Name of Contact Person a <u>g Address:</u> stration Section ion of Corporations Box 6327	ll: at () _Area Code <u>Street Address:</u> Registration Sec	954-6315 Daytime Telephone Number rtion porations
Adria <u>Mailin</u> Regis Divis P.O.	E-mail address: (to be rmation concerning this matter, please ca n Ravenscroft Name of Contact Person ing Address: stration Section ion of Corporations	ll: at () Area Code <u>Street Address:</u> Registration Sec Division of Cor The Centre of T	954-6315 Daytime Telephone Number tion porations allahassee e Street, Suite 810

S125.00 Filing Fee	🗆 \$130.00 Filing Fee & 🛛 🗆	S155.00 Filing Fee &	🔳 \$160.00 Filing Fee, Certificate
	Certificate of Status	Certified Copy	of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION (05.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

L. Beauty Gourmet, LLC (Name of Foreign	Limited Liability Company: must include "Lim	ited Liability	Company," "L.L.C.," or "LLC.")		<u> </u>
Beauty Booze, LLC					
f name unavailable, enter alternate i	name adopted for the purpose of transacting business in	n Florida The	alternate name must include "Limited Liability Co	mpany," "L.L.	.C," or "LLC."
State of Colorado		3.	82-2955746 (FEI number, if app		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI number, if app	(cable)	
N/A 4.					
·	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to dete	to registration minic penalty	L) Itability)		
720 Corporate Circle.		6	1570 Eisenhower Drive, Apt 307		
street Address of Principal Office)	······································	0.	(Mailing Address)		
Golden, CO 80401			Boulder, CO 80303		
7. Name and street addres	s of Florida registered agent: (P.O. B	ox <u>NOT</u> :	(cceptable)		2023
	Gina Marie Foti				2023 OCT
Name:	·				_
Office Address:	2338 Emerson Ave				AH
	Saint Petersburg		33712 , Florida	- 1 * *	ې بو

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.

(City)

(Zip code)

stered 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:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name: Kris Ravenscroft	■ Manager	Name: Adrian Ravenscroft
Member	Address:	Member	Address:
Authorized	1570 Eisenhower Drive, Apt 307	S Authorized	1570 Eisenhower Drive, Apt 307
Person	Boulder, CO 80303	Person	Boulder, CO 80303
□Other	Other	Other	Other
Manager	Amanda Moran Name:	□Manager	Name:
Member	Address:	□Member	Address:
Authorized	1656 Cottonwood Street	Authorized	
Person	Broomfield, CO 80020	Person	
□Other	Other	D0ther	Other
□Manager	Name:	⊡Manager	Name:
□Member	Address:	Member	Address:
Authorized		Authorized	
Person		Person	
□Other	Other	□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.

-Ep-Signature of an authorized person

Adrian Ravenscroft

Typed or printed name of signee

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I. Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Beauty Gourmet, LLC

is a

Limited Liability Company

formed or registered on 04/13/2020 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20201332415.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 10/04/2023 that have been posted, and by documents delivered to this office electronically through 10/05/2023 @ 14:33:12.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 10/05/2023 @ 14:33:12 in accordance with applicable law. This certificate is assigned Confirmation Number 15379547



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Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, https://www.coloradoxos.gov.biz.CertificateSecretCrucria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed <u>Confirming the issuance of a certificate</u> is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, https://www.coloradoxov.gov.click."Businesses, trademarks, trade names," and select "Frequently Asked Questions."