M24000000001

(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:

W23000153919

Office Use Only

600418288506

11/03/23--01023--013 **130.00

2023 DEC -2 AM 10:01

FILED

DEC 28 2023

K. Brumbley

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 13, 2023

JOSELENE JOCURIN
9620 LAS VEGAS BLVD S STE, E4 #601
LAS VEGAS, NV 89123 US

SUBJECT: SWEET LIPZ, LLC
Ref. Number: W23000153919

We have received your document for SWEET LIPZ, 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):

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.

Corey Pettway
Regulatory Specialist II

Letter Number: 523A00026252

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Sweet Lipz, 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:

Joselene Jocurin
Name of Person

Sweet Lipz, LLC
Firm/Company

9620 Las Vegas Blvd S Ste. E4 #601
Address

Las Vegas, NV 89123
City/State and Zip Code

Sweet_Lipz@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joselene Jocurin at (813) 551-9100
Name of Contact Person — Area Code — Daytime Telephone Number

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

Street Address:
Registration Section
Division of Corporations
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 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. Sweet Lipz, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Sweet Lipz and More, 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. Las Vegas, Nevada
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 93-3939179
(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. 9620 Las Vegas Blvd S Ste. E4 #601
(Street Address of Principal Office)
Las Vegas, NV 89123

6. P.O. Box 16731
(Mailing Address)
West Palm Beach, FL 33416

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

Name: Joselene Jocurin

Office Address: 5058 Brook Acres Circle

Tampa (City), Florida 33610 (Zip code)

2023 DEC -2 AM 10:04

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:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: Joselene Jocurin	■Manager	Name: DeviraPatterson
☐Member	Address: P.O. Box 16731	☐Member	Address: P.O. Box 16731
■Authorized	West Palm Beach, FL 33610	■Authorized	West Palm Beach, FL 33610
Person		Person	
☐Other	☐Other	☐Other	☐Other
☐Manager	Name: Jaelynn Jocurin-Bowles	☐Manager	Name: Jamilia Jocurin-Bowles
■Member	Address: P.O. Box 16731	■Member	Address: P.O. Box 16731
☐Authorized	West Palm Beach, FL 33610	☐Authorized	West Palm Beach, FL 33610
Person		Person	
☐Other	☐Other	☐Other	☐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.

Signature of an authorized person

Joselene Jocurin

Typed or printed name of signee

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Sweet Lipz, LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 10/14/2023, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 12/02/2023.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202312024165644
You may verify this certificate online at http://www.nvsos.gov