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

Letter Number: 523A00026252

Corey Pettway Regulatory Specialist II

COVER LETTER

TO: Registration Section

| SUBJECT: | Sweet Lipz, LLC Name of Limited Liability Company | | | | | |
|-------------------------------|---|--|--|--|--|--|
| | | | | | | |
| The enclosed Existence, as | d "Application by Foreign Limited Liability nd check are submitted to register the above | Company for Authorization to Transact Business in Florida," Certificate o referenced foreign limited liability company to transact business in Florida | | | | |
| Please return | n 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 b | be used for future annual report notification) | | | | |
| For further i | information concerning this matter, please co | भीः | | | | |
| Joselene Jocurin | | 813 551-9100 at () | | | | |
| _ | Name of Contact Person | Area Code Daytime Telephone Number | | | | |
| Re Di P.0 | egistration Section vision of Corporations O. Box 6327 ellahassee, FL 32314 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | |
| Ple | closed is a check for the following amount: tase make check payable to: FLORIDA DE \$125.00 Filing Fee \$130.00 Filing Fe Certificate | ee & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate | | | | |

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

IN COMPLIANCE WITH SECTION 695.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Sweet Lipz, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LUC.") 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,") 93-3939179 Las Vegas, Nevada (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, (fapplicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 9620 Las Vegas Blvd S Ste. E4 #601 P.O. Box 16731 6. (Mailing Address) (Street Address of Principal Office) West Palm Beach, FL 33416 Las Vegas, NV 89123 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Joselene Jocurin Name: 5058 Brook Acres Circle

Registered agent's acceptance:

Office Address:

Tampa

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)

(Registered egent (signature)

33610

, Florida

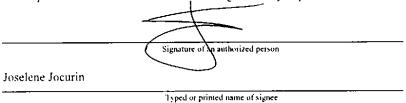
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| Title or Capacity: | Name and Address: | Title or Capacity: | Name and Address: |
|--------------------|---------------------------|---------------------|------------------------------|
| ■Manager | Name: | ■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: | □Manager | Jamilia Jocurin-Bowles Name: |
| ■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 |

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.



SECRETARY OF STATE



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.

Certificate Number: B202312024165644

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

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