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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

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Foreign Limited Liability Company Melanin Magic LLC

Certificate of Status	0
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Page Count	04
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K. SALY

5/2/2024 05:20:30 PDT , To: 18506176383 Page: 2/4 Fax: 8134365206

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 TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company; must include "Limite	d Ciability	Company," "L.L.C.," or "LLC.")		
f name unavailable, enter alternate r	name adopted for the purpose of transacting business in Fl	lorida The	afternate name must include "Limited Liab	othty Company," "LLLC," or "LLC."	
Texas		1	93-2985579		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	٥.	IFEI number	, if applicable)	
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration me penalty	hability)		
7901 4th St N STE 300		6.	7901 4th St N STE 300 (Mailing Address)		
eet Address of Principal Office)			(Mailing Address)	-1 P3	
St. Petersburg FL 3370	<u> </u>		St. Petersburg FL 33702	2024 TALL	
				AR A	
				- SE	
Name and street address	ss of Florida registered agent: (P.O. Box	NOT a	acceptable)	PK 4: 52	
				927 T	
Name:	Northwest Registered Agent LLC			5 10	
Office Address:	7901 4th St N STE 300				
	St. Petersburg		. Florida ³³⁷⁰²		
	(City)		(Zip code)		

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.

7-N-		
	(Registered agent's signature)	

5/2/2024 05:20:30 PDT , To: 18506176383 Page: 3/4 Fax: 8134365206

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: Rhoades, Lakyla	□Manager	Name:	
⊠Member	Address: 7901 4th St N STE 300	□Member	Address:	
□Authorized	St. Petersburg FL 33702	□Authorized		
Person		Person		
□Other	Other	Other		三年 丁
□Manager	Name:	□Manager	Name:	To the man
□Member	Address:	□Member	Address:	7
□Authorized		□Authorized		92 62 -
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.

/	NWT Smrth
	Signature of an authorized person
Nat Smith	
	Typed or printed name of signer

5/2/2024 05:20:30 PDT .

Corporations Section P.O.Box 13697

Austin, Texas 78711-3697

To: 18506176383

Page: 4/4

ne Nelson

Fax: 8134365206

Jane Nelson Secretary of State



Office of the Secretary of State

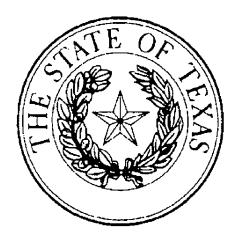
Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Melanin Magic LLC (file number 805175254), a Domestic Limited Liability Company (LLC), was filed in this office on August 08, 2023.

It is further certified that the entity status in Texas is in existence.



In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 01, 2024.



gave Helson

Jane Nelson Secretary of State

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