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Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

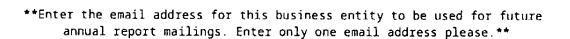
Account Number : I20090000081

Phone

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Fax Number

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Foreign Limited Liability Company Skintuary Studio LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

K. SALY

MAY - 3 2024

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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: Skintuary LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") Skintuary Studio 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 "LEC,") Georgia 2 92-3161086 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, il applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605-0904-& 605-0905, F.S. to determine penalty liability) 7901 4th St N STE 300 7901 4th St N STE 300 (Street Address of Principal Office) (Mailing Address) St. Petersburg FL 33702 St. Petersburg FL 33702 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc Name: 7901 4th St N STE 300 Office Address: St. Petersburg . Florida _ 33702 (City)

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.

David Departs
(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: Costales, Monalisa	□Manager	Name: Monalisa Costales
☑Member	Address:	□Member	Address:
□Authorized	7901 4th St N STE 300	□Authorized	
Person	St. Petersburg FL 33702	Person	
Other	Other	Other	
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address: To F
□Authorized		Fi Authorized	07710
Person		Person	•
□Other	Other	Other	Other
ШМапаger	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.

Robins James		
	Signature of an authorized person	
Robin Jones		
	Typed or printed name of signer	

Fax: 8134365206

Control Number: 23067554

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

1. Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the scal of my office that

Skintuary LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 27278860
Date Inc/Auth/Filed: 03/18/2023
Jurisdiction : Georgia
Print Date : 05/01/2024

Form Number : 211

1776

Brad Raffonsperger

Brad Raffensperger Secretary of State