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#### **CT CORP**

#### (850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

D	ate: 09/06/2024 w: \
	Acc#120160000072
Name:	Clean Skin LLC
Document #:	
Order #:	15854322
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of  Apostille/Notarial Certification:	Country of Destination:  Number of Certs:
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Availability  Document  Examiner  Updater  Verifier  Ref#	Amount: \$ 155.00

Thank you!

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

IN COMPLIANCE WITH SECTION COMPANY TO TRANSACT BUSINES	605.0902, FLORIDA STATUTES, THE F SS INTHE STATE OF FLORIDA:	OLLOWING I	S SUBMITTED TO REG	ASTER A FOREIGN	T IJMITED IJABITI
I	CLEAN Sk d Liability Company, must include "Limite	IN LLC			
(Name of Foreign Limite	d Liability Company, must include "Limite	ed Liability Cor	npany," "L.L.C.," or "LLC	U.")	
					<del></del>
(If name unavailable, enter alternate name ad	lopted for the purpose of transacting business in I	Torida, The altern	iate name must înclude "Lîmit	ted Liability Company,"	"L.L.C," or "LLC.")
Delaware 2.		3	82-13 (FEI	396175	
(Jurisdiction under the law of which for	reign limited liability company is organized)	J	(FÉI	number, if applicable)	
4. (t	Date first transacted business in Florida, if prior to See sections 605,0904 & 605,0905, F.S. to determ	registration )		<del></del>	
5. 1290 Weston Rd. S	Ste 201	6. <u>12</u>	90 Weston Rd.	., Ste 2 <u>01</u>	<del></del>
Weston, FL 33326		<u>W</u>	eston, FL 3332	6	
			<u> </u>		
7. Name and <u>street address</u> of l	Florida registered agent: (P.O. Bo.	x <u>NOT</u> acce	ptable)	· ; ·	300
Name:	C T Corporation Syste	m	<u></u>	1124 SET = 0	
Office Address:	1200 South Pine Island R	o <b>a</b> d	<u></u>	7	
			Florida <u>33324</u>	<u> </u>	7 <u>л</u>
	(City)		(Zip co	de)	
designated in this application.	red agent and to accept service of I hereby accept the appointment of all statutes relative to the prope	as registerea r and compl	l agent and agree to	act in this capaci	ity. I further agre
	Jacon brown		Croy, Assistant Sec	cretary	
	(Registeral) igent	s signature)			

□Manager         Name:	Title or Capacity:	Name and Address:	Title or Capacit	<u>y:</u>	Name and Address:
Authorized Weston, FL 33326 Person    Person   Person   Other   Other   Other     Manager   Name:	□Manager	Name: Mor Shnaider	□Manager	Name:	
Person Person Other Other Other Other Other Other Other Other Other Inportant Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. No indexed individuals may be added to the index when filing your Florida Department of State Cantilla having custody of records in jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under 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 informatic submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	□Member	Address: 1290 Weston Rd Ste 201	□Member	Address:	
Other	■Authorized	Weston, FL 33326	□Authorized		
Manager Name:     Member Address:     Member Address:     Authorized     Authorized     Authorized     Other     O	Person		Person		
Member   Address:     Member   Address:     Authorized     Authorized     Person     Person     Other       Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other       Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other       Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other       Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other	Other	Other	□Other	<del></del>	□Other
Person Person  Other Other Other Other Other Other  Manager Name: Member Address: Member Addre	□Manager	Name:	□Manager	Name:	
Person Person Other Othe	□Member	Address:	□Member	Address:	
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□Manager Name: □Manager Name: □Member Address: □Member Address: □Member Address: □Member Address: □Member Address: □Member □Other □Oth	Person		Person		
Member   Address:   Member   Address:   Authorized   Authorized   Person   Person   Other	□Other	Other	□Other		Other
Person Person  Other Other Other Other Other Other Other Other Other  Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Not 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 jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under 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.	□Manager	Name:	□Manager	Name:	
Person  Other Other Other Other Other Other Other Other  Managed for reporting purposes only. Notindexed individuals may be added to the index when filing your Florida Department of State Annual Report form.  Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under 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.	□Member	Address:	⊡Member	Address: _	
Other	□Authorized		□Authorized		
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Notindexed 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 jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under 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.	Person		Person		
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· · · · · · · · · · · · · · · · · · ·	□ Authorized  Person  □ Other	See an attachment to report more than six (6), may be added to the index when filing your ifficate of existence, no more than 90 days oke law of which it is organized. (If the certificate st be submitted)	□Authorized  Person  □Other  The attachment will be i Florida Department of State is in a foreign languar (1) (b), Florida Status	maged for repo ate Annual Rej he official have ge, a translatio	Other orting purposes of port form.  ing custody of rein of the certification that any false in
Signature of an authorized person		/s/ No	emi Romero		

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CLEAN SKIN LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE SIXTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 204324936

Date: 09-06-24