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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

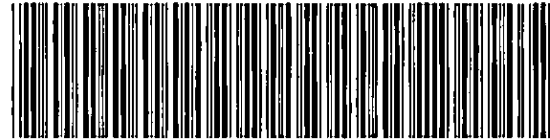
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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JAN 28 2025

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Derm Haus 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:

Melissa B. Moya

Name of Person

Derm Haus

Firm/Company

13501 SW 29th Street

Address

Davie, FL 33330

City/State and Zip Code

melissabmoya@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa B. Moya

786

835-8447

at ( )

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. Derm Haus LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. Wyoming 3. 99-4588231  
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 13501 SW 29th St  
(Street Address of Principal Office)

6. 13501 SW 29th ST  
(Mailing Address)

Davie, FL

Davie, FL

33330

33330

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

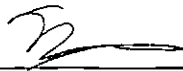
Name: Melissa B. Moya

Office Address: 13501 SW 29th St

Davie, Florida 33330  
(City) (Zip code)

**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)

2005 JUN -7 PM 1:50

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:

☒ Manager      Name: Melissa B Moya

☒ Member      Address: 13501 SW 29th ST

☒ Authorized      Davie, FL

33330

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

Title or Capacity:                      Name and Address:

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_


Person                      \_\_\_\_\_

☐ 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

Melissa B. Moya

\_\_\_\_\_  
Typed or printed name of signee

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

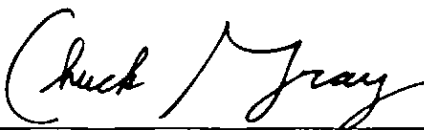
**Derm Haus LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **August 15, 2024**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2024-001506531**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 30th day of December, 2024 at 4:17 PM. This certificate is assigned ID Number 079440834.



  
Secretary of State

Melissa Barbara Moya

Derm Haus LLC  
13501 SW 29th ST, Davie, FL, 33330  
melissabmoya@gmail.com  
7868358447

December 30, 2024

**Division of Corporations**  
Florida Department of State  
Clifton Building  
PO Box 6327  
Tallahassee, FL 32314

Dear Sir/Madam,

We are submitting this letter in support of our **Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida** in accordance with Florida Statutes. Our company, **Derm Haus LLC**, was originally formed in the state of **Wyoming**, and we are seeking authorization to legally operate and conduct business within the state of Florida. The purpose of this filing is to register our foreign LLC to transact business in Florida. For your convenience, attached is a **Certificate of Existence (or Certificate of Good Standing)** from the state of **Wyoming**, which is required as part of the registration process.

Please find the contact information for the authorized representative responsible for communication regarding this application below:

- **Authorized Contact Person:** Melissa Barbara Moya
- **Title/Position:** Manager
- **Business Address:** 13501 SW 29th ST Davie, FL, 33330
- **Email Address:** melissabmoya@gmail.com
- **Phone Number:** 7868358447

We respectfully request your approval of this application and appreciate your prompt attention to the matter. Should you need any additional documentation or clarification, please feel free to contact Melissa B. Moya at melissabmoya@gmail.com or 7868358447. Thank you for your consideration.

Sincerely,

Melissa B. Moya  
Manager - Derm Haus

