## M22000016195

(Requestor's Name)		
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
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## COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	USA BEAUTY LLC ECT:	•	
		of Limited Liability Company	
		Company for Authorization to Transact Business in Florida," Certificate of eferenced foreign limited liability company to transact business in Florida	
Please	return all correspondence concerning this matter to	the following:	
	PATRICIA PETER		
		Name of Person	
	INFORMA		
	<del></del>	Firm/Company	
Address  LAKE SUCCESS, NEW YORK 11042		Address	
		2	
	Ci	ty/State and Zip Code	
	PATTY.PETER@INFORMA.COM		
	E-mail address: (to be	used for future annual report notification)	
For fur	ther information concerning this matter, please call	l:	
	PATRICIA PETER	212 600-3731 at ( )	
	Name of Contact Person	at ()	
Mailing Address: Registration Section		Street Address: Registration Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		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 DEP.  \$\mathbb{\begin{array}{l} \mathbb{\text{FLORIDA DEP.} \\ \mathbb{\text{E}} \mathbb{\text{S130.00 Filing Fee} \\ Certificate of the control of the co	& 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, Certificate	

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

IN COMPLANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting business in Fl	orida, The	alternate name must include "Emitte	d Linbility Company," "L.L.C," or "L
Delaware		3	88-2224478	
(Jurisdiction under the law of which foreign limited liability company is organized)		3. (FEI number, it applicable)		
Not applicable				
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determine	registratio ne penalty	n.) (inbility)	·
5850 T.G. Lee Boulev	ard, Ste. 210	6.	1990 Main Street, Ste. 75	
			-	
Orlando, FL 32822			Attn: Informa Tax	
			Sarasota, FL 34236	202
Name and street addres	s of Florida registered agent: (P.O. Box	NOT	acceptable)	2022 OCT
	_		•	12 PI
Name:	Corporation Service Company			ED PH 12: 4
Office Address:	1201 Hays Street	-		ж. 9. <b>4-</b>
	Tallahassee		32301 , Florida	
			. PIONGA	

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.

Chigadelle S. Commissing, And 30		
(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: Brian Vasandani	□Manager	Name: Sheikh Shaghaf
□Member	Address: 605 3rd Avenue, 22nd FL	□Member	Address: 605 3rd Avenue, 22nd FL
<b>■</b> Authorized	New York, NY 10158	■Authorized	New York, NY 10158
Person		Person	
Other	lent Secretary Secretary	Other Vice Presid	Assistant Secretary  Other
<b>≣</b> Manager	Name: Patricia Peter	□Manager	Name:
□Member	Address: 605 3rd Avenue, 22nd FL	□Member	Address: 1990 Main Street, Ste. 750
■Authorized	New York, NY 10158	■Authorized	Sarasota, FL 34236
Person		Person	
Other_Assistant	Secretary Other	Other	lent □Other
□Manager	Name: Keri Pinzone	□Manager	Patrick Martell Name:
 □Member	Address: 1983 Marcus Avenue, Ste. 250	□Member	Address: 5 Howick Place
■Authorized	Lake Success, NY 11042	□Authorized	London SWIP IWG, UK
Person		Person	
Tax Directe	Other	Other President	□ 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.

Potr Pula	
Signature of an authorized person	
PATRICIA PETER	
	Esped or printed name of signee

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "USA BEAUTY 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 FIRST DAY OF OCTOBER, A.D. 2022.

TO SERVICE OF THE PARTY OF THE

Authentication: 204528102

Date: 10-01-22