

M23000003801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

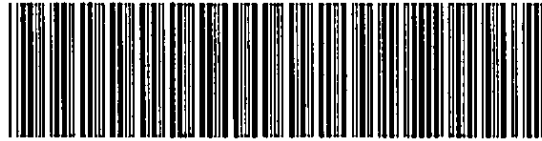
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APPROVED
AND
FILED

2023 MAR 23 PM 12:12

MAR 25 2023

K. Brumby



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 4, 2023

JODI SNEDIGAR
ATTN: TAX DEPARTMENT
1000 REMINGTON BLVD. STE 120
BOLINGBROOK, IL 60440

~~ULTRA~~
SUBJECT: ~~ULTRA~~ BEAUTY DISTRIBUTION, LLC
Ref. Number: W23000019659

~~ULTRA~~
We have received your document for ~~ULTRA~~ BEAUTY DISTRIBUTION, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

The title listed for the business listed in the Manager/Member section is not acceptable. Please choose one of the titles listed or one that is acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 123A00005108

RECEIVED
MAR 23 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ulta Beauty Distribution, 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:

Jodi Snedigar
Name of Person

Ulta Beauty
Firm/Company

1000 Remington Blvd. STE 120. Attn: Tax Dept
Address

Bolingbrook, IL 60440
City/State and Zip Code

Storelicensing@ulta.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

<u>Jodi Snedigar</u>	331	803-6470
Name of Contact Person	at ()	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. Ulta Beauty Distribution, 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. Delaware 3. 87-4650662
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 01/29/2023
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. Ulta Beauty Distribution, LLC 6. Ulta Beauty
(Street Address of Principal Office) (Mailing Address)
2619 Ignition Drive 1000 Remington Blvd. STE 120, Attn: Tax Dept.
Jacksonville, FL 32218 Bolingbrook, IL 60440

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

Name: Corporation Service Company
Office Address: 1201 Hays St.
Tallahassee, Florida 32301
(City) (Zip code)

2023 MAR 23 PM 12:12
APPROVED
AND
FILED

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.

Dwight Coats, Vice President
Dwight Coats, Vice President (Mar 17, 2023 11:26 EDT)
(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:**

Manager Name: Jodi Snedigar

Member Address: 1000 Remington Blvd.

Authorized STE 120, Bolingbrook, IL 60440

Person _____

Other _____ Other _____

Title or Capacity: **Name and Address:**

Manager Name: Scott Settersten

Member Address: 1000 Remington Blvd.

Authorized STE 120, Bolingbrook, IL 60440

Person _____

Other _____ Other _____

Manager Name: Kecia Steelman

Member Address: 1000 Remington Blvd.

Authorized STE 120, Bolingbrook, IL 60440

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

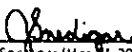
Person _____

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.


 Jodi Snedigar (Mar 9, 2023 10:43 CDT)

Signature of an authorized person

Jodi Snedigar

Typed or printed name of signer

Delaware

The First State


Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ULTA BEAUTY DISTRIBUTION, 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 EIGHTEENTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ULTA BEAUTY DISTRIBUTION, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF JANUARY, A.D. 2022.

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




Jeffrey W. Bullock, Secretary of State

6563764 8300

SR# 20230176549

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202523857

Date: 01-18-23