Fill	in this information to ident	ify your case:		
Uni	ted States Bankruptcy Court	for the:		
ΕA	STERN DISTRICT OF MICH	IGAN		
Ca	se number (if known)		Chapter 11	
			' <u></u>	☐ Check if this an
				amended filing
	.			
	ficial Form 201			_
V	oluntary Petiti	on for Non-Individua	ils Filing for Bank	ruptcy 4/16
		a separate sheet to this form. On the top te document, <i>Instructions for Bankrupto</i>		debtor's name and case number (if known).
٠.	more information, a separa	te addament, monaditions for burninghts,	y romino for thom marriduals, is usu	
1.	Debtor's name	OM SHANTI MED SPA PLC BY AG	ELESS, LLC	
2.	All other names debtor			
۷.	used in the last 8 years			
	Include any assumed names, trade names and			
	doing business as names			
3.	Debtor's federal Employer Identification Number (EIN)	47-4978723		
4.	Debtor's address	Principal place of business	Mailing addres	es, if different from principal place of
		45953 Hayes Road	29175 Ryan I	Road
		Shelby Township, MI 48315 Number, Street, City, State & ZIP Code	Warren, MI 4	8092 ber, Street, City, State & ZIP Code
		•	·	•
		Macomb County	place of busin	incipal assets, if different from principal ess
			Number, Street	, City, State & ZIP Code
5.	Debtor's website (URL)			
6.	Type of debtor	■ Corporation (including Limited Liability	Company (LLC) and Limited Liability	Partnership (LLP))
		☐ Partnership (excluding LLP)		
		☐ Other Specify:		

Debtor

OM SHANTI MED SPA PLC BY AGELESS, LLC Case number (if known)

7.	Describe debtor's business	A. Check one:							
		☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))							
		☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))							
		☐ Railroad (as defined in 11 U.S.C. § 101(44))							
		☐ Stoc	kbroker (a	ıs defir	ned in 11 U.S.C. § 101	(53A))			
					as defined in 11 U.S.C.				
		_	-						
		☐ Clearing Bank (as defined in 11 U.S.C. § 781(3)) ■ None of the above							
		B. Check all that apply							
			-		described in 26 U.S.C				
							ment vehicle (as	defined in 15 U.S.C. §80a-3	
		⊔ Inve	stment ad	visor (as defined in 15 U.S.C	. §80b-2(a)(11))			
					an Industry Classificati urts.gov/four-digit-natio			t describes debtor.	
8.	Under which chapter of the Bankruptcy Code is the	Check of							
	debtor filing?	Chapter 7							
		Chapter 9							
		■ Cha	pter 11. C	heck a	all that apply:				
								cluding debts owed to insider nt on 4/01/19 and every 3 yea	
					business debtor, attac	ch the most recer al income tax retu	nt balance sheet	U.S.C. § 101(51D). If the det t, statement of operations, case se documents do not exist, fo	sh-flow
					A plan is being filed w				
						·	I prepetition from	n one or more classes of cred	itors, in
				_	accordance with 11 U				
				Ц	Exchange Commission	on according to § ary Petition for No	13 or 15(d) of th	ople, 10K and 10Q) with the Some Securities Exchange Act of ling for Bankruptcy under Cha	1934. File the
					The debtor is a shell of	company as defir	ned in the Securi	ities Exchange Act of 1934 R	ule 12b-2.
		☐ Cha	pter 12						
9.	Were prior bankruptcy	-							
٥.	cases filed by or against the debtor within the last 8	■ No.							
	years?	— 103.							
	If more than 2 cases, attach a separate list.		District			When		Case number	
			District			When		Case number	
10.	Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?	■ No							
		☐ Yes.							
	List all cases. If more than 1, attach a separate list		Debtor				F	Relationship	
			District			When	(Case number, if known	

Deb	OIN OTHAITTI MED C	SPA PLC BY AGE	ELESS, LLC	Case number (if know	n)				
	Name								
11.	Why is the case filed in	Check all that app	oly:						
	this district?	Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.							
		☐ A bankrupto	A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.						
12.	Does the debtor own or have possession of any	■ No	Anguar below for each property that pends immediate attention. Attach additional about if pended						
	real property or personal property that needs	☐ Yes. Answer	Answer below for each property that needs immediate attention. Attach additional sheets if needed.						
	immediate attention?	Why does the property need immediate attention? (Check all that apply.)							
		☐ It po	☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.						
		What	is the hazard?						
		☐ It ne	eds to be physically se	ecured or protected from the weather.					
				ds or assets that could quickly deteriorate meat, dairy, produce, or securities-related	or lose value without attention (for example, d assets or other options).				
		☐ Othe	er						
		Where	is the property?						
				Number, Street, City, State & ZIP Code					
		Is the p	roperty insured?						
		□ No							
		☐ Yes.	Insurance agency						
	Contact name								
			Phone						
	Statistical and admin	istrativo informatio	on.						
12	Debtor's estimation of	. Check one							
13.	available funds			and a state of the					
		 Funds will be available for distribution to unsecured creditors. After any administrative expenses are paid, no funds will be available to unsecured creditors. 							
		☐ After a	ny administrative expe	enses are paid, no funds will be available t	to unsecured creditors.				
14.	Estimated number of	1 -49		□ 1,000-5,000	□ 25,001-50,000				
	creditors	□ 50-99		□ 5001-10,000	□ 50,001-100,000				
		□ 100-199		□ 10,001-25,000	☐ More than100,000				
		□ 200-999							
15.	Estimated Assets	□ \$0 - \$50,000		☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion				
		\$50,001 - \$100	0,000	□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion				
		□ \$100,001 - \$50	00,000	□ \$50,000,001 - \$100 million	□ \$10,000,000,001 - \$50 billion				
		□ \$500,001 - \$1	million	☐ \$100,000,001 - \$500 million	☐ More than \$50 billion				

□ \$0 - \$50,000

□ \$50,001 - \$100,000

□ \$100,001 - \$500,000

■ \$500,001 - \$1 million

□ \$1,000,001 - \$10 million

□ \$10,000,001 - \$50 million

□ \$50,000,001 - \$100 million

□ \$100,000,001 - \$500 million

□ \$500,000,001 - \$1 billion

☐ More than \$50 billion

□ \$1,000,000,001 - \$10 billion

□ \$10,000,000,001 - \$50 billion

16. Estimated liabilities

Debtor

OM SHANTI MED SPA PLC BY AGELESS, LLC

Case number (if known)

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WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is trued and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on November 18, 2016 MM / DD / YYYÝ

X	/s/ Bhanu Shah	Bhanu Shah		
	Signature of authorized representative of debtor	Printed name		
	Title Principal	_		
	,			

18. Signature of attorney

/s/ Robert N. Bassei	Da	e November 18, 2016
Signature of attorney for debtor		MM / DD / YYYY
Robert N. Bassel		
Printed name		
Firm name		
Number, Street, City, State & ZIP Code		
Contact phone	Email address	
P48420		

Bar number and State