# F13000004032

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
SEP 2 0 2013			
A. DUNLAP			

Office Use Only



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SECRETARY DE STATE



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 21, 2013

**CLAUDINE YANG** 18436 HAWTHORNE BLVD STE 202 TORRANCE, CA 90504-4532

SUBJECT: PIEL, INC.

Ref. Number: W13000046573

We have received your document for PIEL, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

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) 245-6052.

Tim Burch Regulatory Specialist II

Letter Number: 513A00019965

#### **COVER LETTER**

•	
TO: New Filing Section	
Division of Corporations	
SUBJECT: Piel, Inc.	
Name of corporatio	n - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Sta above referenced foreign corporation to transact busin	nding" and check are submitted to register the
Please return all correspondence concerning this matter	er to the following:
Claudine Yang	
Name of	Person
Piel, Inc.	
Firm/Cor	• •
18436 Hawthorne Blvd Suit	te 202
Addı	ess
Torrance, CA 90504-4532	
City/State a	and Zip code
luis@pielleather.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
Claudine Yang at , 562	,498-8822
	Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32301	
Enclosed is a check for the following amount:	
□ \$70.00 Filing Fee  ■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Sertified Copy Sertificate of Status & Certified Copy

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	corporation; must include "INCORPORATE Corp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"	
Piel Leat	her, Inc.		
(If name unavail	able in Florida, enter alternate corporate nar	ne adopted for the purpose of transacting busin	ness in Florida)
California	<b>a</b>	<sub>3.</sub> 33-0515337	
	under the law of which it is incorporated)	(FEI number, if applicable)	)
12/23/19	80	<sub>5.</sub> Perpetual	
(Date	of incorporation)	(Duration: Year corp. will cease to exist of	or "perpetual")
	(Date first transacted busines	s in Florida, if prior to registration)	<del></del>
	•	7.1502, F.S., to determine penalty liability)	
18436 Ha	wthorne Blvd., Suite 202		<del></del>
10.100.11	(Principal office a	,	
18436 Ha	wthorne Blvd., Suite 202,		
	(Current mailing a	address)	
Wholesa	le Distribution of Leather	Goods	
(Purpose(s	s) of corporation authorized in home state or	country to be carried out in state of Florida)	
Name and stree	et address of Florida registered agent: (	P.O. Box. NOT accentable)	SEC 3
	Luis Orjuela	<u></u>	ART P
Name:	<del></del>		1888 <b>- 6</b>
ffice Address:	11200 NW 138th St., #	2	TARY OF ASSEE P
	Medley	 33178	MII: 5
	(City)	, Florida 33178 (Zip code)	85 810 810 810
	× */	* * *	7.

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. If 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)

<sup>11.</sup> Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Gerardo Cuellar Address: 18436 Hawthorne Blvd Suite 202 Torrance, Ca 90504 Vice Chairman: Address: \_\_\_\_\_ B. OFFICERS President: Luis Orjuela Address: 18436 Hawthorne Blvd Suite 202 Torrance, CA 90504 Vice President: \_\_\_\_\_ Address: Secretary: \_\_\_ Address: Treasurer: Address: NOTE: If necessary, you may attach an addendura to the application listing additional officers and/or directors. Surreture of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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. ORTUELA

(Typed or printed name and capacity of person signing application)

### State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

PIEL INC.

FILE NUMBER: C1032968 FORMATION DATE: 12/23/1980

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 25, 2013.

100

**DEBRA BOWEN Secretary of State**