

### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

Please retain original filing date of submission 3/18

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-8842 Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

# FOREIGN PROFIT/NONPROFIT CORPORATION Lacoste USA, Inc..

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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Corporate Filing Menu

Help

3/23/2016 4:12:38 PM From: To: 8506176383( 2/6 )

#### Metayer, Kenny

From: I3 Voicemail System

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To: Metayer, Kenny

Subject: Fax Successfully Sent to 1 (850) 617-6383

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#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Lacoste USA, Inc.	
Name of corporation	- must include suffix
Dear Sir or Madam:	
"Certificate of Existence," or "Certificate of Good Stand	ling" and check are submitted to register the
Please return all correspondence concerning this matter	to the following:
Name of P	erson
Division of Corporations  DBJECT: Lacoste USA, Inc.  Name of corporation - must include suffix  ar Sir or Madam:  e enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," ertificate of Existence," or "Certificate of Good Standing" and check are submitted to register the over referenced foreign corporation to transact business in Florida.  ascerotum all correspondence concerning this matter to the following:  Name of Person  Firm/Company  Address  City/State and Zip code  E-mail address: (to be used for future annual report nottification)  further information concerning this matter, please call:  Name of Person  Area Code  Daytime Telephone Number  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  closed is a check for the following amount:	
Addres	S
City/State an	d Zip code
E-mail address: (to be used for	or future annual report notification)
For further information concerning this matter, please ca	II:
at (	)
Name of Person Area Code	Daytime Telephone Number
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	ip code  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  horization to Transact Business in Florida," g" and check are submitted to register the reg
Enclosed is a check for the following amount:	
_	Certified Copy Certificate of Status &

## 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.

		te adopted for the purpose of transacting busines  (FEI number, if applicable)	
(Date	nber 23, 1992 of incorporation)	(Date of duration, if other than purp	etual)
	Upon Registration		
	(Date first transacted business	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
	551 Madison Ave	nue, New York, NY 10022	
Name and stre	(Current mail taddress of Florida registered agent: (I	ling address, if different)  O. Box NOT acceptable)	
Name:	et address of Florida registered agent: (I	•	
Name:	et address of Florida registered agent: (I C T Corporation System 1200 South Pine Island Road	P.O. Box NOT acceptable)	1.00 TAC
Name:	et address of Florida registered agent: (I C T Corporation System 1200 South Pine Island Road	•	ASSERTANCE OF THE PROPERTY OF
Name: ffice Address:  Registered ag aving been nan esignated in this erther agree to c	et address of Florida registered agent: (I C T Corporation System  1200 South Pine Island Road  Plantation, FL 33324  (City)  ent's acceptance: ted as registered agent and to accept set application, I hereby accept the appoin	P.O. Box NOT acceptable)	in this cap

10. 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.

11. Names	s and business addresses of officers and/or directors:	٠,	non Colo Mak Ciro	
A. DIREC	CTORS	17.	375 23	
Chairman: "	Olivier Descamps	返翼	<u>دد</u> ـــــــــــــــــــــــــــــــــــ	:
Address:		_i_< 	00	
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 ice Chairm		RA	<del></del>	-
		)>		_
irector:	Joelle Grunberg	<del></del>		
Address:	661 Madigan Avenue New York NV 40000			
.001688				
Director:	Thierry Guibert			_
ddress:				
_				
. OFFIC	TERS			
resident:	Joelle Grunberg			
ddress:				-
			<del></del>	
ice Preside	ent:			
				_
•				
coretaly: _	Karine Sansot-Vincent			
ddress:	551 Madison Avenue, New York, NY 10022			
	Karine Sansot-Vincent			
ddress:	551 Madison Avenue, New York, NY 10022			
OTE: If i	necessary, you may attach an addendum to the application listing additional officers and/or c	directors	ş.	
•	<u>Sonrature</u>			
	Signature of Director or Officer			_
e true and	or director signing this document (and who is listed in number 11 above) affirms that the fact that he or she is aware that false information submitted in a document to the Department of see felony as provided for in s.817.155, F.S.			
3	Karine Sansot-Vincent, Chief Financial Officer			
	(Typed or printed name and capacity of person signing application)			_



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LACOSTE USA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LACOSTE USA, INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF DECEMBER, A.D. 1992.

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

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

2320241 8300

SR# 20161668101

Authentication: 201987054

Date: 03-15-16