

L14000078608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

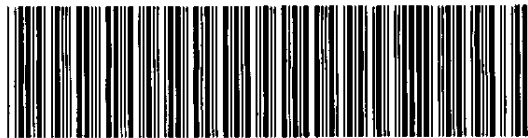
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RECEIVED
DEPARTMENT OF REVENUE
15 JUN 29 PM 4:24
TO: CORPORATE
SUFFICIENT FOR FILING

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUN 29 AM 10:33

EFFECTIVE DATE
6-30-15

JUN 30 2015
C LEWIS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 689266 4306747

AUTHORIZATION :

COST LIMIT :

Lyndee Coleman
~~\$98.00~~ 68.75

ORDER DATE : June 29, 2015

ORDER TIME : 3:46 PM

ORDER NO. : 689266-015

CUSTOMER NO: 4306747

ARTICLES OF MERGER

DSQUARED2 RETAIL MI LLC

INTO

DSQUARED2 INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ CERTIFIED COPY
_____ PLAIN STAMPED COPY

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS:

C.S.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DSQUARED2 INC.

Name of Surviving Party

The enclosed Certificate of Merger and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Gayle Aiken, Paralegal

Contact Person

Honigman Miller Schwartz and Cohn LLP

Firm/Company

660 Woodward Ave., Suite 2290

Address

Detroit, MI 48226

City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gayle Aiken

at (313) 465-7208

Name of Contact Person

Area Code

Daytime Telephone Number

☒ Certified copy (optional) \$30.00

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 JUN 29 AM 10:33

**Certificate of Merger
For
Florida Limited Liability Company**

The following Certificate of Merger is submitted to merge the following Florida Limited Liability Company(ies) in accordance with s. 605.1025, Florida Statutes.

FIRST: The exact name, form/entity type, and jurisdiction for each merging party are as follows:

<u>Name</u>	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
DSQUARED2 RETAIL MI LLC	Florida	LLC L14000078608

EFFECTIVE DATE
6-30-15

SECOND: The exact name, form/entity type, and jurisdiction of the surviving party are as follows:

<u>Name</u>	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
DSQUARED2 INC.	Delaware	corporation

THIRD: The merger was approved by each domestic corporation, limited liability company, partnership and/or limited partnership that is a party to the merger in accordance with the applicable provisions of Chapters 607, 605, 617, and/or 620, Florida Statutes.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 JUN 29 AM 10:33

FOURTH: Please check one of the boxes that apply to surviving entity:

This entity exists before the merger and is a domestic filing entity, the amendment, if any to its public organic record are attached.

This entity is created by the merger and is a domestic filing entity, the public organic record is attached.

This entity is created by the merger and is a domestic limited liability limited partnership or a domestic limited liability partnership, its statement of qualification is attached.

xxx This entity is a foreign entity that does not have a certificate of authority to transact business in this state. The mailing address to which the department may send any process served pursuant to s. 605.0117 and Chapter 48, Florida Statutes is:

DSQUARED2 INC.



632 West 28th Street, 9th Floor, New York, New York 10001

FIFTH: This entity agrees to pay any members with appraisal rights the amount, to which members are entitled under ss.605.1006 and 605.1061-605.1072, F.S.

SIXTH: If other than the date of filing, the delayed effective date of the merger, which cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State:

The merger is effective on June 30, 2015.

SEVENTH: Signature(s) for Each Party:

Name of Entity/Organization:	Signature(s):	Typed or Printed Name of Individual:
DSQUARED2 INC.		Alex Hlavacek, Director
DSQUARED2 RETAIL MI LLC		Alex Hlavacek, Manager

Corporations:	Chairman, Vice Chairman, President or Officer (If no directors selected, signature of incorporator.)
General partnerships:	Signature of a general partner or authorized person
Florida Limited Partnerships:	Signatures of all general partners
Non-Florida Limited Partnerships:	Signature of a general partner
Limited Liability Companies:	Signature of an authorized person

Fees:

For each Limited Liability Company:	\$25.00
For each Corporation:	\$35.00
For each Limited Partnership:	\$52.50
For each General Partnership:	\$25.00
For each Other Business Entity:	\$25.00
Certified Copy (optional):	\$30.00