111000005985

(Re	equestor's Name)		
(Ad	ldress)		
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nam	ne)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			
	•		

Office Use Only



000214343370

11/23/11--01015--006 **155.00

ZOII NOV 29 AM II: 40
SECRETARY OF STATE

W11-59614

J. BRYAN

NOV 3 0 2011

EXAMINER

650 Madison Avenue 15th Floor New York, NY 10022

November 22, 2011

THE BAIL OF ST.

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

Re: | Shops LLC

Gentlemen:

Enclosed please find the application of I Shops LLC to do business in the State of Florida, the Certificate of Good Standing from the State of Delaware and a check in the amount of \$155.00.

Please return a certified copy to the following address:

Chaya R. Shafran, Esq. 650 Madison Avenue 15th Floor New York, NY 10022

Thank you in advance for your help with this matter.

Very truly yours,

Alyson Muldoon

Assistant to Chaya R. Shafran

/am Enclosure

COVER LETTER

Ťo:	Registration Section Division of Corporations
CIUB	_{JECT:} I Shops LLC
, W	Name of Limited Liability Company
Exist	enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida the return all correspondence concerning this matter to the following:
	to return an correspondence concerning and matter to the following.
	Chaya Shafran
	Name of Person
. 62.	7.0 2
	I Shops LLC
	Firm/Company
also r	25 29 L
	Name of Person I Shops LLC Firm/Company 650 Madison Avenue, 15th Floor Address New York, NY 10022
30.4	Address
i to G	New York, NY 10022 골품 경
	City/State and Zip Code
Ac.	
4 4 7	chaya.shafran@flagluxury.com
, , , , , , , , , , , , , , , , , , ,	E-mail address: (to be used for future annual report notification)
் For f	urther information concerning this matter, please call:
18. 44 10.	
in file file or	Chaya Shafran/Alyson Muldoon at (212) 796-8161
() (1	Name of Person Area Code & Daytime Telephone Number
pay.	MAH ING ADDDECC. CTOSET ADDDECC.
V.	MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations
`n.	Registration Section Registration Section
, . v. %	P.O. Box 6327 Clifton Building
• ;	Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
kur avt ==	
Enc	osed is a check for the following amount:
	\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$\$ Certificate Copy \$155.00 Filing Fee \$\times \text{Certified Copy}\$\$



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 28, 2011

CHAYA R. SHAFRAN, ESQ. 650 MADISON AVENUE, 15TH FLOOR NEW YORK, NY 10022

SUBJECT: I SHOPS LLC Ref. Number: W11000059616



We have received your document for I SHOPS LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a foreign limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations. Therefore, the limited liability company must select an alternate name for use in the state of Florida. Also, please note that adding "of Florida" or "Florida" to the end of the name is not acceptable.

Please insert the alternate name in the space provided on the application form. You must also attach a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

The alternate name must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC".

The document number of the name conflict is #L08000091957, ISHOP, LIMITED LIABILITY COMPANY.

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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 811A00026601

FILED MII: 40
2011 MOV 29 MIII: 40
SECRETARY OF STATE A
TALLAHASSEE, FLORIDA

www.sunbiz.org

Division of Compositions DO DOV 6227 Tollahosson Florida 2221

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or Managing
Meml ors of T Shape LC (Name of Limited Liability Company)
Memi ors of
De lo Dare (State or Country of Organization)
Because the name of this foreign limited liability company does not satisfy the
requirements of the s. 608.406, P.S., the limited liability company hereby adopts the
following name to transact business in the state of Florida:
(Name to be used by limited limbility company in Florida. NOTE: Name must end with Limited Limbility Company, L.L.C., or LLC.)
Date: 1/Ovemberd9, 2011
Signal in (S) of Manager (S) and or Managing Metrice (s).

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. T Shows LhC (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 and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2. Do 10x201e (Jurisdiction under the law of which foreign limited liability company is organized) 3. 45 3 5 4 3 0 1 (FEI number, if applicable)
4. 9 14 120 1
6. (Date first transacted business in Florida, if prior to registration.) (See sections 608,501 & 608,502 F.S. to determine penalty liability)
7. 7940 Vin Dellagio Way, Suite 200, Orlando, FL 37879 5
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:
Charles Whithy, 7940 Via Della gio Day, Ordando FL 32810
Paul C. Hanavos, 650 Madison Avenue, New York, NY 10036
Adlam Raboy, 295 Glendale Road, Starsdale, NY 10583
10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida:
AAAT
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the
penalties of perjury that the facts stated herein are true. 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.)

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
I Shops LLC	
If unavailable, the alternate to be used in the state of Florida is:	10000000000000000000000000000000000000
2. The name and the Florida street address of the registered agent and office are: (Name) (Name)	IN 29 MILLS
120 NQUS SEVE EX Florida Street Address (P.O. Box NOT ACCEPTABLE)	RIDA
Tolphassee FL 32301 City/State/Zip	

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

KAREO DOLG (Sign

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "I SHOPS 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 TWENTY-FIRST DAY OF NOVEMBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "I SHOPS LLC" WAS FORMED ON THE FOURTEENTH DAY OF SEPTEMBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE:

DATE: 11-21-11

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