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NAME:

VOLCOM Petail, LLC

TYPE OF FILING: APPLICATION

COST:

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AUTHORIZATION: ABBIE/PAUL HODGE (

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

	TION 605.0902, FLORIDA STATUTES, THE FI SINESS IN THE STATE OF FLORIDA:	OLLOWING IS SUBMITTED TO REGISTER A	FOREIGN LIMITED LIABILITY
, Volcom Retail, LL			
(Name of Fore	ign Limited Liability Company; must includ	e "Limited Liability Company," "L.L.C.," or	"LLC.")
(If name unavailable, enter al- Liability Company," "L.L.C."		sacting business in Florida. The alternate name	ne must include "Limited
, Delaware	1		
(Jurisdiction under the law company is organized)	of which foreign limited Hability	(FEI number, if applicable)
4. May 15, 2016			_
	(Date first transacted business in Flo (See sections 605.0904 & 605.0905, F	orida, if prior to registration.) LS. to determine penalty liability)	
5. 1740 Monrovia Ave			_
Costa Mesa, CA 92627			70
1740 Moneovia Ava	(Street Address of Principal	(Office)	ACC.
6. 1740 Monrovia Ave			2016 DEC 23 FALLAHASS
Costa Mesa, CA 92627			夢って
	(Mailing Address))	
7. Name and street addres	s of Florida registered agent: (P.O. Box	(NOT acceptable)	
Name:	Paracorp Incorporated		or STATE
Office Address:	155 Office Plaza Drive, 1st Floor		Em -
	Tallahassee	Florida 32301	
	(City)	, Florida 32301 (Zip code)	-
designated in this applicate to complywith the provision	gistered agent and to accept service of p tion, I hereby accept the appointment a	process for the above stated limited liab is registered agent and agree to act in th and complete performance of my dutie.	ils capacity. I further agree
	(Registered age	ent's signature)	-
-	icity and address of the person(s) who ha	as/have authority to manage is/are:	
1746 MONPEN	A AUG		
COSTA MECA	ct 92627		
9. Attached is a certificate jurisdiction under the law of the translator must be st	of which it is organized. (If the certificate ubmitted)	duly authenticated by the official having te is in a foreign language, a translation of uthorized person	custody of records in the fifthe certificate under oath
This document is executed submitted in a document to	I in accordance with section 605.0203 (1 or the Department of State constitutes a th) (b), Florida Statutes. I am aware that an aird degree felony as provided for in s.81	y false information 7.155, F.S.
	Eli Ticatch, Assistant Secrettary, Volc		•

Typed or printed name of signee



STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 12/22/16

ENTITY NAME: Volcom Retail, LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Sharon Cooke, Assistant Secretary

Paracorp Incorporated

Sharon Coste

<u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "VOLCOM RETAIL, 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 TWENTIETH DAY OF DECEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VOLCOM RETAIL,
LLC" WAS FORMED ON THE EIGHTH DAY OF APRIL, A.D. 2008.

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

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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

AND SOUTH OF THE PARTY OF THE P

Authentication: 203554169

Date: 12-20-16

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