

6/8/2017

Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA00000023
Phone : (512)418-6949
Fax Number : (954)208-0845

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TALLAHASSEE FLORIDA

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
EBAGS, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$78.75

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J. HARRIS

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: eBags, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Peter Cacioppo

Name of Person

Samsonite LLC

Firm/Company

575 West Street, Suite 110

Address

Mansfield, MA 02048

City/State and Zip code

peter.cacioppo@samsonite.com

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

For further information concerning this matter, please call:

Peter Cacioppo

at (508) 851-1468

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate 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.

1. eBags, Inc.
 (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 84-1455381
 (State or country under the law of which it is incorporated) (FBI number, if applicable)

4. 2/9/1999 5. _____
 (Date of incorporation) (Date of duration, if other than perpetual)

6. 5/05/17
 (Date first transacted business in Florida, if prior to registration)
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5500 Greenwood Plaza Blvd., Suite 160, Greenwood Village, CO 80111
 (Principal office address)

_____ (Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

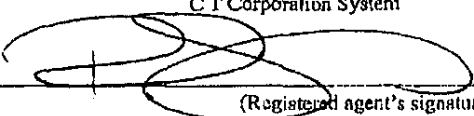
Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
 (City) (Zip code)

9. Registered agent's acceptance:

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. I 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.

C T Corporation System

By:  _____
 (Registered agent's signature) **ROSE SONG, ASSISTANT SECRETARY**

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.

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11. Names and business addresses of officers and/or directors:

A. DIRECTORS *See attached*

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Mike Edwards

Address: 500 Greenwood Plaza Blvd., Suite 160, Greenwood Village, CO 80111

Director: Lynne Berard

Address: 575 West Street, Suite 110, Mansfield, MA 02038

B. OFFICERS *See attached*

President: Mike Edwards

Address: 500 Greenwood Plaza Blvd., Suite 160, Greenwood Village, CO 80111

Vice President: John Livingston

Address: 575 West Street, Suite 110, Mansfield, MA 02038

Secretary: John Livingston

Address: 575 West Street, Suite 110, Mansfield, MA 02038

Treasurer: Kyle Gendreau

Address: 575 West Street, Suite 110, Mansfield, MA 02038

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. *[Signature]*
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. *John Livingston, Vice President & Secretary*
(Typed or printed name and capacity of person signing application)

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11. (continued) Officers:

A. Directors

Kyle Gendreau – Director, 575 West Street, Suite 110, Mansfield, MA 02038

B. Officers

Kyle Gendreau – CFO, 575 West Street, Suite 110, Mansfield, MA 02038

Don Walden – VP, 575 West Street, Suite 110, Mansfield, MA 02038

Lynne Berard – VP, 575 West Street, Suite 110, Mansfield, MA 02038

Chris Seahorn – VP, 500 Greenwood Plaza Blvd., Suite 160, Greenwood Village, CO 80111

Steve Slotter – VP, 500 Greenwood Plaza Blvd., Suite 160, Greenwood Village, CO 80111

Mike Frazzini – VP, 500 Greenwood Plaza Blvd., Suite 160, Greenwood Village, CO 80111

Dan Hogan – VP, 500 Greenwood Plaza Blvd., Suite 160, Greenwood Village, CO 80111

Bill McDaln – Assistant Treasurer, 575 West Street, Suite 110, Mansfield, MA 02038

Michelle Gerdoney – Assistant Secretary, 575 West Street, Suite 110, Mansfield, MA 02038

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Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EBAGS, 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 EIGHTH DAY OF JUNE, A.D. 2017.

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

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



3003150 8300

SR# 20174659679

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

Handwritten signature of Jeffrey W. Bullock in black ink.

Jeffrey W. Bullock, Secretary of State

Authentication: 202678159

Date: 06-08-17