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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

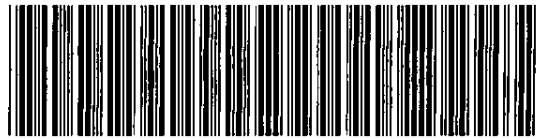
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TALLAHASSEE, FLORIDA

2010 FEB 24 P 3:11

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PENINSULA LUGGAGE INC, DBA THE LUGGAGE FACTORY

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:

KIRAN PATHAK

Name of Person

PENINSULA LUGGAGE INC

Firm/Company

20301 PASEO DEL PRADO

Address

WALNUT, CA 91789

City/State and Zip code

info@peninsulaluggage.com ✓

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

For further information concerning this matter, please call:

URMI PATEL

at (909) 444-3930

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

New Filing 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

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TALLAHASSEE, FLORIDA

Peninsula Luggage Inc,
Dba The Luggage Factory
P.O. Box 4494
Diamond Bar, Ca 91765-0494
Ph (909) 444-3930
Fax (909) 444-3940

2/24/2010

Attn: Diane
Florida Dept of State Division of Corp
Phone (850)245-6812
Fax (850)245-6804

Ref: Peninsula Luggage Inc,

This letter to certified that we Peninsula Luggage Inc, has not started doing business on September 2, 2007, we are doing business as The Luggage Factory. Please correct the record. Also I'm attaching my good standing Certificate for Peninsula Luggage Inc.

Please let me know if you need any additional information.

Thank you


Ormi Patel

Office Manager

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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. PENINSULA LUGGAGE INC ,
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
- N/A
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. CA 3. 20-2546837
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. MARCH 15 2005 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. SEPT 1ST 2007
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. KIRAN PATHAK 20301 PASEO DEL PRADO, WALNUT, CA 91789
↓ (Principal office address)
- P.O. BOX 4494, DIAMOND BAR, CA 91765-0494
(Current mailing address)
8. _____
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: THE LUGGAGE FACTORY C/O KEN PATHAK
Office Address: 8166 VINELAND AVE SUITE#1715
ORLANDO, Florida 32821
(City) (Zip code)

10. 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.


(Registered agent's signature)

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: KIRAN PATHAK

Address: P.O. BOX 4494

DIAMOND BAR, CA 91765-0494

Vice President: _____

Address: _____

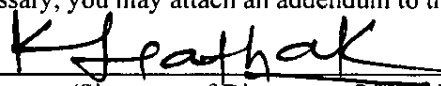
Secretary: MAYURI PATHAK

Address: P.O. BOX 4494, DIAMOND BAR, CA 91765-0494

Treasurer: _____

Address: _____

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

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. _____
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

PENINSULA LUGGAGE, INC.

FILE NUMBER: C2735434
FORMATION DATE: 03/15/2005
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, DEBRA BOWEN, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to exercise
all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of January 20, 2009.

Debra Bowen

DEBRA BOWEN
Secretary of State