

2/5/2015 11:22:45 From: To: 8506176381

## **COVER LETTER**

TO: New Filing Section Division of Corporations

*е д*ъл SUBJECT: 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:

Tanua Hicks
V Name of Person
<u>GBG USA TUC.</u>
Firm/Company
350 5th Ave. 9th Floor
Address
NY NY 1001X
City/State and Zip code
Tanya Hicks Calobalbrand Sarou D. com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

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

□ \$78.75 Filing Fee &

Certificate of Status

MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Enclosed is a check for the following amount:

S70.00 Filing Fee

S78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy

(3/5)

## APPLICATION BY FOREIGN CORFORATION 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.

I. The Lie (Enter name of corpo	ensing Compan pration; must include "INCORPORATED,		$\underline{n}$	
"Inc.," "Co.," "Corp,	" "Inc," "Co," or "dorp.")			
(If name unavailable	in Florida, enter alternate corporate name	adopted for the purpose of transacting busine	ss in Florida)	
2. Delan	aver the law of which it is incorporated)	(FEI number, if applicable		
4. May II		(rei number, i applicative	,	
·····	ncorporation) 5.	(Duration: Year corp. will cease to exist or	· "perpetual")	
6		, ,		
		in Florida, if prior to registration) 502, F.S., to determine penalty liability)		
7. 35054	h ave. 9th Floor	RICH VN NN 10018		
· · · · · · · · · · · · · · · · · · ·	(Principal office add	iross)		
same				
	(Current mailing add	iress)		
8. Name and street ad	dress of Florida registered agent: (P.	O. Box NOT acceptable)		
Name:	C T Corporation System		<u>≥</u> ∰ <b>उ</b>	
Office Address;	1200 South Pine Island Road		CRE CRE AR	-17
Office Address,	Plantation	33324		
-	(City)	, Florida (Zip code)		m
9. Registered agent's			<b>₽</b>	$\bigcirc$
		rice of process for the above stated corpo		

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. T 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.



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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A. DIRECTORS
Chairman: DOW FAMULAK
Address: 350.5th AVR. 9th FI. NY NY 10018
Vice Chairman:
Address:
Director: Robert K. Smits
Address: 350 5th AVR. 9th FI. NY NY 10018
·
Director:
Address:
B. OFFICERS
President: DOW FAMULAK
Address:
Vice President C.O.D. Ronald Ventricelli
Address: 350,5th AVR. 9th FL, NY, NY 10018
secretary: Rohert K. Smits
Address: <u>St.M.C</u>
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12. Signature of Director or Officer
The officer or director signing this document (and who is listed in number 12 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.
13EVP - Secretary
(Typed or printed name and capacity of person signing application)

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

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I.

2/5/2015 11:22:45 From: To: 8506176381

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE LICENSING COMPANY NORTH AMERICA 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 FIFTH DAY OF FEBRUARY, A.D. 2015.

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

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

FEB -5 NH 9: 46 FILED



DATE: 02-05-15

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