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DATE:

03-25-15

NAME:

KENDRA SCOTT DESIGN INC

TYPE OF FILING: FOREIGN CORPORATION QUALIFICATION

COST:

78.75

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Kendra Scott Design, Inc.	
Name of corpora	ation - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact by	
Please return all correspondence concerning this m	natter to the following:
Capitol Services - CORP Filings Team	
Nam	e of Person
Capitol Services, Inc.	
Firm/	Company
800 Brazos, Ste 400	
A	Address
Austin, TX 78701	
	ate and Zip code
krystal.luedecke@kendrascott.com	
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, ple	ease call:
Krystal Luedecke at (5	12) 481-7788
	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 & S87.50 Filing Fee, Certified Copy 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.

i, Kendra Sco	tt Design, Inc.			
(Enter name of co	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp,")	D,"	"COMPANY," "CORPORATION,"	
(If name unavaila	ble in Florida, enter alternate corporate nar	mo e	dopted for the purpose of transacting business in Flor	rida)
Deleware		3,	57-1179491	
(Sinte or country	y under the law of which it is incorporated)		(FBI number, if applicable)	
7/14/14		5.	perpetual	
(Date	of incorporation)		(Duration: Year corp. will cease to exist or "perpetu	nal")
i.				
•			Florida, if prior to registration) 02; F.S., to determine penalty liability)	
1400 S. Con	gress Ave. A-170 Austin, TX 78	<u>87</u> ()4	
	(Principal office a	addı	688)	₹
1400 S. Con	gress Ave. A-170 Austin, TX 78	87	04	
	(Current mailing a	add	1088)	256 2
3. Name and stree	ot address of Florida registered agent: ((P,(). Box NOT acceptable)	A STATE OF THE STA
Name:	Capitol Corporate Services, I	Inc	•	
Office Address:	155 Office Plaza Dr. Ste A		_	
	Tallahassee		. Florida 32301	罗州
	(City)		(Zip code)	
Having been nam designated in this further agree to c	application, I hereby accept the appoint	inti les 1	ice of process for the above stated corporation a ment as registered agent and agree to act in this relative to the proper and complete performance of my position as registered agent. Gayle Windle, Asst. Sec. of	s capacity. I e of nty
(Carlo (1) cuo		of Capitol Corporate Service	ces. Inc.
د.,	(Registered agent	, '8 S		

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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Kendra Scott Address: 1400 S. Congress Ave. A-170 Austin, TX 78704 Vice Chairman: Lon Weingart Address: 1400 S. Congress Ave. A-170 Austin, TX 78704 Director: Sonya Brown Address: 1400 S. Congress Ave. A-170 Austin, TX 78704 Director: Tom Nolan Address: 1400 S. Congress Ave. A-170 Austin, TX 78704 **B. OFFICERS** President: Kendra Scott Address: 1400 S. Congress Ave. A-170 Austin, TX 78704 Vice President: _ Address: Secretary: Kendra Scott Address: 1400 S. Congress Ave. A-170 Austin, TX 78704 Treasurer: Brian Kelly Address: 1400 S. Congress Ave. A-170 Austin, TX 78704 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. 13. Brian Kelly, CFO

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

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KENDRA SCOTT DESIGN, 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 TWENTY-FIFTH DAY OF MARCH, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KENDRA SCOTT DESIGN, INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF JULY, A.D. 2014.

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.

5567717 8300

150409252

DATE: 03-25-15

AUTHENTY CATION: 2233813

Jeffrey W. Bullock, Secretary of State

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