FINDON

·				
(R	equestor's Name)			
(A	ddress)			
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(C	ity/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL		
(B	usiness Entity Name)			
(D	ocument Number)			
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				

Office Use Only



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APR 21 2017 S. YOUNG SECRETARY OF STATE
ALLIAHASSEL FLORID RECEIVED STATE
17 APR 20 AMOSE 22THEN OF STATE
17 APR 20 PM W 3

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

	ACCOUNT NO.	:	I2000000195		
	REFERENCE	:	602894 8133878		
	AUTHORIZATION	:	Spelleran		
	COST LIMIT	:	\$ 70.00		
		-			
ORDER DATE :	April 17, 2017				-4 <u>, .</u> ,
ORDER TIME :	3:31 PM			17 8	NLL)
ORDER NO. :	602894-130			APR 20	HAS THE TOTAL
CUSTOMER NO:	8133878			O AH	15 SE
					_ <u>T</u> .vj.
FOREIGN FILINGS 22					OPHICA

NAME: THE LOVESAC COMPANY

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

COVER LETTER

TO:		ration Se on of Cor	ction porations							
SUBJI	ም ርጥ -	The Love	sac Company							
SÓĐJI	ec.		Ņar	ne of corpora	tion -	must	include suffi	ix		
Dear Si	r or M	adam:								
"Certifi	icate of	Existenc	ion by Foreigr e," or "Certific n corporation	cate of Good	Stand	ling" a	ind check are	ansacti e submi	Business in Flo itted to registe	orida," r th e
Please i	return a	all corresp	ondence conc	erning this ma	atter	to the	following:			
Donna l	Dellom	ò								
-				Name	of P	erson				<u>_</u>
The Lo	vesac C	ompany								
				Firm/C	Comp	any				
2 Landr	nark Sc	uare Ste 3	00							-4 ·
				A	ddres	3.				APR 20
Stamfor	rd, CT (6901								20
			<u></u> _	City/Sta	te an	d Zip	code			
bob@lo	ovesac.c	om								ڥ
			E-mail add	ress: (to be us	ed fo	r futu	re annual rep	ort not	ification)	72
For fur	ther inf	ormation	concerning th	is matter, plea	ise ca	dl:				
Bob Te	пу			at (517	-0005			
	Namo	of Perso	11	Area (Daytime T	`elepho	ne 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							
Enclose	ed is a	check for	the following	amount:						
□ \$ 70	.00 Fil	ing Fee	S78.75 F Certifies	iling Fee & ate of Status	◻		5 Filling Fee fied Copy	: &	S87.50 Fili Certificate Certified (of Status &

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.

(Enter name of countries," "Co.," "Co.," "C	orporation; must include "INCORPORATED," "(orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"			
(If name unavaila	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting business in Flor	rida)		
Delaware					
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)			
1/4/2017	Ś.				
(Date	of incorporation)	(Date of duration, if other than perpetual)			
· 	(Date first transacted business in Flo (SEE SECTIONS 607,1501 & 607,1502,	orida, if prior to registration) F.S., to determine penalty liability)	·		
	(SEE SECTIONS 607,1501 & 607,1502, re Stc 300, Stamford CT 06901	orida, if prior to registration) F.S., to determine penalty liability) office address)	17 %		
	(SEE SECTIONS 607,1501 & 607,1502, re Stc-300, Stamford CT 06901 (Principal of	F.S., to determine penalty liability)	17 APR 20		
2 Landmark Squa	(SEE SECTIONS 607,1501 & 607,1502, re Stc-300, Stamford CT 06901 (Principal of	F.S., to determine penalty liability) office address) ddress, if different)	Ä		
2 Landmark Squa	(SEE SECTIONS 607.1501 & 607.1502, re Ste 300, Stamford CT 06901 (Principal of Current mailing a	F.S., to determine penalty liability) office address) ddress, if different)	17 APR 20 AM 5. c		
2 Landmark Squa	(SEE SECTIONS 607.1501 & 607.1502, re Ste 300, Stamford CT 06901 (Principal of Current mailing a taddress of Florida registered agent: (P.O. E	F.S., to determine penalty liability) office address) ddress, if different)	Ä		
2 Landmark Squa Name and stree Name:	(SEE SECTIONS 607.1501 & 607.1502, re Ste 300, Stamford CT 06901 (Principal of Current mailing a taddress of Florida registered agent: (P.O. E	F.S., to determine penalty liability) office address) ddress, if different) sox NOT acceptable)	AM Y		

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)

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: ___ Address: _ Vice Chairman: __ Address: ___ Director: Address: Director: **B. OFFICERS** President: Jack Krause 2 Landmork Square Se 20 Stern Ford Shawn Nelson CEO 2 Landmark Square Sto 200 Address: _ Donna Dellomo CFO 21 and week Square Sta 300 Stamford CT 06901 Treasurer: Address: ____ 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 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. Donna Dellomo

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

FL019
Application by Foreign Corp for Authorization to transact Business in Florida

11A	Director Name	Director Business Address		
	David Yarnell	2 Landmark Square Ste 300 Stamford CT 06901		
	Andrew Heyer	2 Landmark Square Ste 300 Stamford CT 06901		
	Shawn Nelson	2 Landmark Square Ste 300 Stamford CT 06901		
	William Phoenix	2 Landmark Square Ste 300 Stamford CT 06901		
	Jared Rubin	2 Landmark Square Ste 300 Stamford CT 06901		
	Christopher Bradley	2 Landmark Square Ste 300 Stamford CT 06901		

SEURETARY OF STATE
TALLIANA SSEE, FLORIDA
TALLIANA SSEE, FLORIDA

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "THE LOVESAC COMPANY" 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 SEVENTEENTH DAY OF APRIL, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE LOVESAC COMPANY" WAS INCORPORATED ON THE THIRD DAY OF JANUARY, A.D. 2017.

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

THER 20 AH 9: 22

Jeffrey W. Bullock, S

6269990 8300 SR# 20172552218 Authentication: 202385943

Date: 04-17-17