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 : FCA000000023 Phone : (514)280-3338 : (954)208-0845 Fax Number

**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

Guess & Co. Corporation

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

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Help

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. Guess & Co. C	orporation		
	corporation; must include "INCORPORATEL Corp." "Inc." "Co." or "Corp."))," "COMPANY," "CORPORATION,"	
(If name unavail	table in Florida, enter alternate composte name	e adopted for the purpose of transacting busin	ress in Florida)
	-		
2. North Carolina	ry under the law of which it is incorporated)	3. 36-4871934 (FEI number, if applicable	
(State or count	ry under the law of which it is incorporated)	(rei number, it applicable	÷)
4. 01/05/2015		5. Perpetual	
(Date	e of incorporation)	(Date of duration, if other than po	rpetual)
6. Upon Qualifica	tion		
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
7, 40 S.W. 13th Str	cet, Suite 201-A, Miami, FL 33130		
		cipal office address)	201
same			5
Suite	(Current mai	ling address, if different)	
			2019 APR 10
8. Name and stre	et address of Florida registered agent: (F	P.O. Box NOT acceptable)	(8. > 1
Name:	C T Corporation System		
			6. 2. 6. 2. 6. 2. 6. 5. 6. 5. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.
Office Address:	1200 South Pine Island Road		L. 00
	Plantation	Florida 33324	
	(City)	, Florida <u>33324</u> (Zip code)	
	·		
	ent's acceptance:	vice of process for the above stated corpo	oration at the place
		tment as registered agent and agree to a	
further agree to c	omply with the provisions of all statutes	relative to the proper and complete perf	
duties, and I am	familiar with and accept the obligations	of my position as registered agent.	
	C T Corporation System	Christine Kelm	
	BY: CHILLTHI VCM	Assistant Secretary	
		d 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 SEE ATTACHMENT			
Chairman: Jerry D Guess			_
Address: 40 S.W. 13th Street, Suite 201-A			_
Miami, Fl. 33130			_
Vice Chainnan: Aftan Richardson			_
Address: 40 S.W. 13th Street, Suite 201-A			_
Miami, Fl. 33130			_
Director: Michelle Stewart			
Address: 40 S.W. 13th Street, Suite 201-A			_
Miami, FL 33130			_
Director: Mitchell Cohen	·		_
Address: 40 S.W. 13th Street, Suite 201-A			_
Miami, FL 33130			
B. OFFICERS SEE ATTACHMENT			
Prosident: Michelle Stewart			_
Address: 40 S.W. 13th Street, Suite 201-A		20	_
Miami, FL 33130	<u> </u>	19	≕र्ज़र
Vice President:		PR	
Address:		10	
	100	A	3 []
Secretary:	: ''. TH-:	<u>ب</u>	- Car
Address:	· ;	<u>6</u>	
Treasurer:			
Address:			_
NOTE: If necessary, you may attach an addendum to the application listing additional officers and 12. Jerry D. Luess	or directors	· -	_
Signature of Director or Officer	. famo	l hards	
The officer or director signing this document (and who is listed in number 11 above) affirms that the are true and that he or she is aware that false information submitted in a document to the Department a third degree felony as provided for in s.817.155, F.S.			
13 Jerry D. Guess, Chairman & CEC			_

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

Attachment to Florida Officers & Directors

1 Full Name: Jerry D Guess
Officer/Director: Officer.Director
Officer's Title: Chlef Executive Officer

Director's Title: Chairman

Business Address: 40 S.W. 13th Street, Suite 201-A

 City:
 Miami

 State:
 FL

 ZIP Code:
 33130

2 Full Name: Shayla H Woodruff

Officer/Director: Officer

Officer's Title: Secretary-Treasurer, CFO, SEVP

Director's Title:

Business Address: 40 S.W. 13th Street, Suite 201-A

 City:
 Miami

 State:
 FL

 ZIP Code:
 33130

3 Fulf Name: Eric Shindledecker

Officer/Director: Officer

Officer's Title: Executive Vice-President

Director's Title:

Business Address: 40 S.W. 13th Street, Suite 201-A

City: Miami
State: FL
ZIP Code: 33130

4 Full Name: James R. Jackson

Officer/Director: Director

Officer's Title:

Director's Title: Director

Business Address: 40 S.W. 13th Street, Suite 201-A

City: Miami

State: FL
ZIP Code: 33130

5 Full Name: Paris Smith
Officer/Director: Director

Officer's Title:

Director's Title: Other Director

Business Address: 40 S.W. 13th Street, Suite 201-A

 City:
 Miami

 State:
 FL

 ZIP Code:
 33130

6 Full Name: Lauren Hickman

Officer/Director: Director

Officer's Title:

Director's Title: Vice Chairman

Business Address: 40 S.W. 13th Street, Suite 201-A

City: Miami^{*}

To: Page 6 of 7

2019-04-10 06:22:05 CST

12122023573 From: Kimberly Laughrey

State:

FL

ZIP Code:

33130

NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

GUESS & CO. CORPORATION

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 5th day of January, 2015, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate





Scan to verify online.

Certification# 104630034-1 Reference# 15259460- Page: Lof 1 Verify this certificate online at http://www.sosnc.gov/verification

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 9th day of April, 2019.

Elaine I Marshall

Secretary of State