

F19000002263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

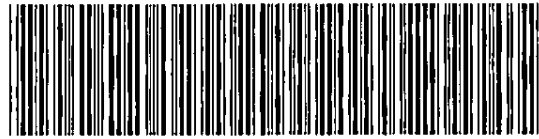
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800328151798

RECEIVED
DEPARTMENT OF STATE
19 MAY 10 AM 11:49

FILED
2019 MAY 10 PM 4:43
TALLAHASSEE, FLORIDA

Y SCOTT

MAY 13 2019

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 5/10/2019

Acc#I20160000072

W: C D W

Name:	THE GUESS CORPORATION
Document #:	
Order #:	TBA

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
			Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 70.00

FILED
2019 MAY 10 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Guess Corporation

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:

Name of Person	FILED 2019 MAY 10 PM 4:43 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Firm/Company	
Address	
City/State and Zip code	
<u>cbrady@theguesscorporation.com</u>	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Person Area Code Daytime Telephone 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

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

**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. The Guess Corporation

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. North Carolina

(State or country under the law of which it is incorporated)

3. 47-2928232

(FEI number, if applicable)

4. 12/19/2014

(Date of incorporation)

5. _____

(Date of duration, if other than perpetual)

6. Upon Qualification

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 40 S.W. 13th Street, Suite 201-A, Miami, FL 33310

(Principal office address)

same

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(Zip code)

9. **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.

C T Corporation System

By: 

April Wittenwyler, Ast. Sec.

(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.

FILED
2019 MAY 10 PM 4:43
SECTION 607.1503
TALLAHASSEE, FLORIDA

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

A. DIRECTORS SEE ATTACHMENT

Chairman: Willie L. Guess

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

Miami, FL 33310

Vice Chairman: Cierra Brady

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

Miami, FL 33310

Director: Jerry D. Guess

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

Miami, FL 33310

Director: _____

Address: _____

B. OFFICERS SEE ATTACHMENT

President: Cierra Brady

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

Miami, FL 33310

Vice President: _____

Address: _____

Secretary: _____

Address: _____

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 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. Cierra Brady, President

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

FILED
2019 MAY 10 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Attachment to Florida
Officers & Directors**

- 1 Full Name: Kyra Anderson
Officer/Director: Officer
Officer's Title: Secretary-Treasurer
Director's Title:
Business Address: 40 S.W. 13th Street, Suite 201-A
City: Miami
State: FL
ZIP Code: 33310
- 2 Full Name: Lauren E. Peddycord
Officer/Director: Officer
Officer's Title: Corporate Vice-President
Director's Title:
Business Address: 40 S.W. 13th Street, Suite 201-A
City: Miami
State: FL
ZIP Code: 33310
- 3 Full Name: Kyra Anderson
Officer/Director: Director
Officer's Title:
Director's Title: Vice Chairman
Business Address: 40 S.W. 13th Street, Suite 201-A
City: Miami
State: FL
ZIP Code: 33310

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

2019 MAY 10 PM 4:43

FILED



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE

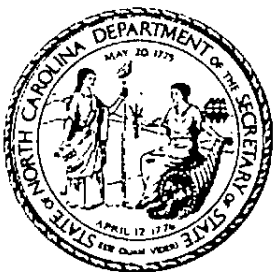
I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

THE GUESS CORPORATION

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 19th day of December, 2014, 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.

FILED
2019 MAY 10 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 6th day of May, 2019.

Elaine F. Marshall

Secretary of State