

USA & CANADA ONLY 800-342-8086

072100000032

REFERENCE

952647

4812503

AUTHORIZATION

COST LIMIT

\$ 70.00

ORDER DATE : May 14, 1996

ORDER TIME : 10:25 AM

ORDER NO. : 952647

CUSTOMER NO:

4812503

8000001822988

CUSTOMER: Amy Greene, Legal Asst

Fasgre & Benson 2200 Norwest Center 90 South Seventh Street Minneapolis, MN 554023901

FOREIGN FILINGS

NAME:

WILSONS LEATHER HOLDINGS INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: DANNY SMITH

96 HAY 15 PH 12: 14⁹⁶ MAY 15 AM 11: 14 DIVISION OF CORPORATION

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:

Mana of namenalant much	DINGS INC.			
abbreviations of like import i or partnership if not so conti	include the word "INCOMI in language as will clearly a alned in the name at preso	PORATED", "COMPANY", "CORP indicate that it is a corporation in ent.	OHATION" or words o stead of a natural pers	rion
2. MINNESOTA		3,41-1838394		
(State or country under the I	law of which it is incorpora	ated) (FEI number, if applicat	oto)	
4. MAY 7, 1996	5, PERP	ETUAL	,	딛
(Date of Incorporation)	(Di	uration: Year corp. will cease to e	ixist or "perpetudes	S
6. UPON QUALIFICATION			35	DIVISION
(Date first transacted busines	ss in Florids. <i>(See sections</i>	607.1501, 607.1502, and 817.	155, F.S.)	ç
S AM HIGHWAY ICO			185, F.S.) 5 PH	(
7, 400 HIGHWAY 169			至	,
ST. LOUIS PARK, MN 5542	26		12	Þ
	Current mailing address)		-	_
8. Any and all lawful	•	For which corporations m	ay ba farmad	,
				-
(Purpose(s) of corporation a	authorized in home state o	r country to be carried out in the	state of Florida)	
9. Name and street addr	ress of Florida regist			
	ress of Florida regist corporation Service Compan	ered agent:		
Name: <u>C</u>	orporation Service Compan	ered agent:		
	orporation Service Compan	ered agent:		
Name <u>: C</u> Office Address: <u>12</u>	orporation Service Compan 201 Hays Street	ered agent:		
Name <u>: C</u> Office Address: <u>12</u>	orporation Service Compan	ered agent:	32301	•
Name <u>: C</u> Office Address: <u>12</u>	orporation Service Compan 201 Hays Street	ered agent:		•
Name: <u>C</u> Office Address: <u>12</u>	corporation Service Compan 201 Hays Street allahassee	ered agent:	32301	
Name: <u>C</u> Office Address: <u>12</u> Ti 10. Registered agent's a	orporation Service Compan 201 Hays Street allahassee	ered agent: y, Florida, _	32301 (Zip Code)	
Name: C Office Address: 12 To Registered agent's a	corporation Service Companion 201 Hays Street allahassee	ered agent: y , Florida,	32301 (Zip Code)	ed
Name: C Office Address: 12 Ti 10. Registered agent's a Having been named as registered agent and agree	corporation Service Compan 201 Hays Street allahassee acceptance: gistered agent and to designated in this ap	ered agent: y , Florida, accept service of process in polication, I hereby accept to complete.	32301 (Zip Code) for the above state the appointment	85
Name: C Office Address: 12 Ti 10. Registered agent's a Having been named as registered agent and agree of all statutes relative to t	corporation Service Companion Service Companion Service Companion Street allahassee acceptance: gistered agent and to designated in this application act in this capacities proper and complete proper and complete service service service complete service	ered agent: y , Florida, accept service of process in plication, I hereby accept ty. I further agree to comply the performance of my dutients.	32301 (Zip Code) for the above state the appointment	85
Name: C Office Address: 12 Ti 10. Registered agent's a Having been named as reg	corporation Service Companion Service Companion Service Companion Street allahassee acceptance: gistered agent and to designated in this application act in this capacities proper and complete proper and complete service service service complete service	ered agent: y , Florida, accept service of process in plication, I hereby accept ty. I further agree to comply the performance of my dutients.	32301 (Zip Code) for the above state the appointment	85
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11. 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.

Chairman: See attachment 2 Address: Vice Chairman: Address: Director: Address: Director: Address: OFFICERS President: See attachment 2 Address: Vice President: Address: Secretary: Address: Treasurer: Address:		TORS	
Vice Chairman: Address: Director: Address: Director: Address: OFFICERS President: Sae attachment 2 Address: Vice President: Address: Secretary: Address: Treasurer:		Chairman: , See attachment 2	
Vice Chairman: Address: Director: Address: Director: Address: OFFICERS President: See attachment 2 Address: Vice President: Address: Secretary: Address:			
Director: Address: Director: Address: OFFICERS President: See attachment 2 Address: Vice President: Address: Secretary: Address: Treasurer:			
Director: Address: Director: Address: OFFICERS President: See attachment 2 Address: Vice President: Address: Secretary: Address:		Address:	•
Director: Address: OFFICERS President: See attachment 2 Address: Vice President: Address: Secretary: Address:			
Director: Address: OFFICERS President: See attachment 2 Address: Vice President: Address: Secretary: Address:		Address:	
Address: OFFICERS President: See attachment 2 Address: Vice President: Address: Secretary: Address:			
President: Sae attachment 2 Address: Vice President: Address: Secretary: Address:			
Address: Vice President: Address: Secretary: Address:	OFFIC	RS	
Vice President: Address: Secretary: Address: Treasurer:		President: See attachment 2	
Vice President: Address: Secretary: Address: Treasurer:			1
Address: Secretary: Address: Treasurer:			
Secretary: Address: Treasurer:		A 4.4	\$.
Address: Treasurer:			
Address: Treasurer:			
		Address:	
	•	Treasurer	•
		Address:	•

14. Douglas J. Treff. Vice President
(Typed or printed name and capacity of person signing application)

Vice Chairman, or any officer listed in number 12 of the application.

ATTACHMENT 2

Officers of Wilsons Leather Holdings Inc.

Name and Title:

Joel N. Waller - Chairman and CEO

Business Address:

400 Highway 169 St. Louis Park, MN 55426

Name and Title: Business Address:

David L. Rogers - President

400 Highway 169

St. Louis Park, MN 55426

Name and Title: Business Address: Douglas J. Treff - Vice President and CFO

400 Highway 169

St. Louis Park, MN 55426

Name and Title: Business Address: Jonathan G. Halper - Secretary

2200 Norwest Center, 90 South 7th Street

Minneapolis, MN 55402

Directors of Wilsons Leather Holdings Inc.

Name and Title:

Joel N. Waller

Business Address:

400 Highway 169

St. Louis Park, MN 55426

Name and Title:

nd Title: David L. Rogers

Business Address:

400 Highway 169

St. Louis Park, MN 55426

M1;0136838.01

state of Minnesota

SECRETARY OF STATE

SECRETARY OF STATE
DIVISION OF CORPORATIONS

Certificate of Good Standing

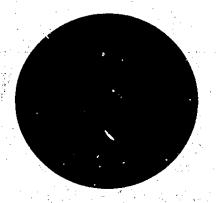
I, Joan Anderson Growe, Secretary of State of Minnesota, do cartify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: Wilsons Leather Holdings Inc.

Date Formed: 05/07/1996

Chapter Governed By: 302A

This certificate has been issued on 05/10/96.



Joan Anderson Hrone Secretary of State.