# F9600000194920

TO: Qualification/Tax Lien Section **Division of Corporations** SUBJECT: BRY LAINE COR PORA TION
(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", and check are submitted to register the above referenced foreign corporation to transact business in Florida. 50000133500 -08/29/96--01074--003 \*\*\*\*\*70.00 \*\*\*\*\*70.00 Please return all correspondence concerning this matter to the following: HAINE MORRIS
(Name of Person)

By Laine Corpolation
(Firm Company) W96-18538 Should you need to call someone concerning this matter, please call:

ELAINE MORRIS
(Name of Person)

at (954) 587-2422 (Area Code & Daytime Telephone Number)

#### **COURIER ADDRESS:**

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399

#### **MAILING ADDRESS:**

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

September 5, 1996

ELAINE MORRIS %BRYLANE CORPORATION 5787 WEST SUNRISE BLVD, HUMANA PLAZA PLANTATION, FL 33313

SUBJECT: BRYLANE CORPORATION

Ref. Number: W96000018538

We have received your document for BRYLANE CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date.

A corporation may not serve as its own registered agent. Please designate an individual, another active domestic corporation, or a foreign corporation authorized to transact business within this state, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6097.

Letter Number: 196A00041542

Michael Mays Document Specialist SECRETARY OF STATE CONFIGNATIONS

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## 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;

(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Clean (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. June 5, 1991  (Date of Incorporation)  5. Proputal  (Duration: Year corp., will cease to exister of perpetual)
6. NONe Opening of Particular Company (Date first transacted business in Florida. (See Sections 607.150), 607.1502, AND 817.155, F.S.) 32
7
1010 Josie Blud Stell Oak Brook Thousa
8. Provide Computer Software Handware Rofessional (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) Service
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  LAINE MORK 15
Name: 5787 U.S. Supplies Blvd.
Office Address: Brylaine Corp.
Planto tion, Florida, 333/3 (Zip Code)
10. Registered agent's acceptance: (Zip Code)
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 positions of the provisions of my positions of the control of the cont
(Régistered agent's signature)
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.

12. Names and addresses of officers and/or directors; (Street address ONLY- P. O. Box NOT acceptable) A. DIRECTORS (Street address only- P. O . Box NOT acceptable) Address: \( \square\) Vice Chairman: Address: Director: Address: Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Vice President: Address: Secretary: Address: Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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

LAINE MOKRIS

File Humber 5641-640-4



To all to whom these presents Shall Come. Greeting:

I. George H. Ryun. Secretary of State of the State of Illinois,



In Testimony Alherrof, I hereta set				
my hand i	and cause to be	affixed the Great 9	eal of	
the State of Illinois this		191	H H	
day of	AUGUST	A.D., 19 96		

George H Ryan