

L97000001352

CAPITOL SERVICES d/b/a
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

500002363195--0
-12/04/97--01086--002
***337.50 ***337.50

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. The Designer's Outlet, L.C. (Document #)
(Corporation Name)
2. _____ (Document #)
(Corporation Name)
3. _____ (Document #)
(Corporation Name)
4. _____ (Document #)
(Corporation Name)

☒ Walk in

☒ Pick up time 11/25

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark

CF - \$285.00
CERT \$ 52.50

RECEIVED
97 NOV 25 AM 11:11
DIVISION OF CORPORATION

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

November 25, 1997

CAPITOL SERVICES

TALLAHASSEE, FL

SUBJECT: THE DESIGNER'S OUTLET, L.C.
Ref. Number: W97000026544

We have received your document for THE DESIGNER'S OUTLET, L.C. and check(s) totaling \$337.50. However, your check(s) and document are being returned for the following:

Your limited liability company name is unavailable, pursuant to section 608.406(4), Florida Statutes. Since it is not distinguishable from the name of an existing entity. Please select a new name and make the substitution in all appropriate places. One or more words must be added to make the name distinguishable from the one presently on file.

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 (850) 487-6914.

Buck Kohr
Corporate Specialist

Letter Number: 697A00056301

FILED
97 DEC -4 PM 1:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RECEIVED
97 DEC -4 AM 11:10
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION OF SSK OUTLET CENTER, L.C.

ARTICLE I – Name:

The name of the Limited Liability Company is: SSK OUTLET CENTER, L.C.

ARTICLE II – Address:

The mailing address of the principal office and, if different, the street address of the Limited Liability Company is:

**11865 Southwest 26th Street
A6
Miami, Florida 33175**

ARTICLE III – Duration:

The period of duration for the Limited Liability Company shall be: Perpetual

ARTICLE IV – Management:

(check and complete and appropriate statement)

☒ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

**Stuart Feldman
1370 Avenue of the Americas
New York, New York**

☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

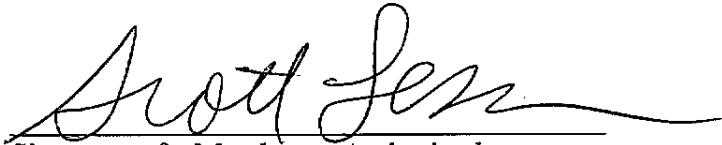
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of
SSK OUTLET CENTER, L.C. deposes and says:

1. The above named limited liability company has at least two members;
2. the total amount of cash contributed by the member(s) is \$100,000.00
3. if any, the agreed value of property other than cash
contributed by member(s) is \$ 0
4. the amount of cash or property anticipated to be
contributed by member(s) is \$100,000.00
The total includes amounts from 2 and 3 above.

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TALLAHASSEE FLORIDA


Signature of a Member or Authorized
representative of a Member

In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts states herein are true.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507,
FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY
SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE
REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: SSK OUTLET CENTER, L
2. The name and address of the registered agent and office is:

**NRAI SERVICES, INC.
526 East Park Avenue
Tallahassee, Florida 32301**

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the responsibilities of my position as registered agent.

Signature

Kathleen J. Hall, Agent

Date

11/25/97

Filing Fee: \$35.00 for Designation of Registered Agent

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TALLAHASSEE FLORIDA