MOLOOOGQ 525 CARIBBEAN / STATES

P.O.BOX 964 *422 INDUSTRIAL DRIVE *Jamestown, TN 38556 *Phone: (931)879-9712 Fax: (931)879-9724

March 5, 2001

State of Florida Registration Section Division of Corporations 409 e/ Gaines St. Tallahassee, FL 32399

1 0 0 0 0 0 3 8 0 2 5 4 1 -- E -03/06/01 -- 01083 -- 012 - *****125.00 *****125.00

Re: CARIBBEAN TRADERS NO. 2 LLC

Enclosed are the Application by Foreign Limited Liability Company, the Certificate of Registered Agent and the Original Certificate of Existence from the State of Tennessee for Caribbean Traders No. 2 LLC along with our check for \$125.00 for the appropriate filing fees.

We plan to open our store in Fort Myers on March 19,2001. Your assistance in expediting the processing of this application will be greatly appreciated.

Please send the documents required to obtain the Business License to:

CARIBBEAN TRADERS P O BOX 964 JAMESTOWN, TN 38556

Sincerely,

Hollis D. Gammon

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

TENNESSEE (Jurisdiction under the law of which foreign limited liability company is organized) O3/29/1999 5. PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual") MARCH 19, 2001 (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 20350 SUMMERLIN RD #3160 FORT MYERS, FL 33908 (Street address of principal office) If limited liability company is a manager-managed company, check here The name and usual business addresses of the managing members or managers are as follows: HOLLIS D. GAMMON P.O. BOX 964 JAMESTOWN, TN. 38556 TROY D. GAMMON P.O. BOX 964 JAMESTOWN, TN. 38556						(Name	of fore	ign limi	ted liabilit	y comp	any)			
[Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 03/29/1999 (Date of Organization) MARCH 19, 2001 (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 20350 SUMMERLIN RD #3160 FORT MYERS, FL 33908 (Street address of principal office) If limited liability company is a manager-managed company, check here The name and usual business addresses of the managing members or managers are as follows: HOLLIS D. GAMMON P.O. BOX 964 JAMESTOWN, TN. 38556 TROY D. GAMMON P.O. BOX 964 JAMESTOWN, TN. 38556	<u>. </u>							- 3	6	2-17	69477			
(Duration: Year limited liability company will cease to exist or "perpetual") MARCH 19, 2001 (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 20350 SUMMERLIN RD #3160 FORT MYERS, FL 33908 (Street address of principal office) If limited liability company is a manager-managed company, check here The name and usual business addresses of the managing members or managers are as follows: HOLLIS D. GAMMON P.O. BOX 964 JAMESTOWN, TN. 38556 TROY D. GAMMON P.O. BOX 964 JAMESTOWN, TN. 38556	(Ji co	risdiction umpany is or	nder t ganize	he law of whed)	ich forei	gn limi	ted liab	ility		(1	El number,	if applica	ble)	
(Duration: Year limited liability company will cease to exist or "perpetual") MARCH 19, 2001 (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 20350 SUMMERLIN RD #3160 FORT MYERS, FL 33908 (Street address of principal office) If limited liability company is a manager-managed company, check here The name and usual business addresses of the managing members or managers are as follows: HOLLIS D. GAMMON P.O. BOX 964 JAMESTOWN, TN. 38556 TROY D. GAMMON P.O. BOX 964 JAMESTOWN, TN. 38556		03/29/	199	9				· · · —	- PER	PETU	AL			
MARCH 19, 2001 (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 20350 SUMMERLIN RD #3160 FORT MYERS, FL 33908 (Street address of principal office) If limited liability company is a manager-managed company, check here The name and usual business addresses of the managing members or managers are as follows: HOLLIS D. GAMMON P.O. BOX 964 JAMESTOWN, TN. 38556 TROY D. GAMMON P.O. BOX 964 JAMESTOWN, TN. 38556	_		(Date	of Organiz	ation)			والع يسب	(Duration	ı: Year	limited liab	ility comp	any wil	l cease t
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 20350 SUMMERLIN RD #3160 FORT MYERS, FL 33908 (Street address of principal office) If limited liability company is a manager-managed company, check here The name and usual business addresses of the managing members or managers are as follows: HOLLIS D. GAMMON P.O. BOX 964 JAMESTOWN, TN. 38556 TROY D. GAMMON P.O. BOX 964 JAMESTOWN, TN. 38556		WA DOW	10	2001					exist or	perpetu	ar")			
20350 SUMMERLIN RD #3160 FORT MYERS, FL 33908 (Street address of principal office) If limited liability company is a manager-managed company, check here The name and usual business addresses of the managing members or managers are as follows: HOLLIS D. GAMMON P.O. BOX 964 JAMESTOWN, TN. 38556 TROY D. GAMMON P.O. BOX 964 JAMESTOWN, TN. 38556		MARCH			ted busin	nece in	Floride	(500 50	ations 600	501 60	S 602 1	017 166 1	20)	
FORT MYERS, FL 33908 (Street address of principal office) If limited liability company is a manager-managed company, check here The name and usual business addresses of the managing members or managers are as follows: HOLLIS D. GAMMON P.O. BOX 964 JAMESTOWN, TN. 38556 TROY D. GAMMON P.O. BOX 964 JAMESTOWN, TN. 38556		20250					i ionida.		rions one.	.301, 60	, and	81 /.133, F	1.5.)	
(Street address of principal office) If limited liability company is a manager-managed company, check here The name and usual business addresses of the managing members or managers are as follows: HOLLIS D. GAMMON P.O. BOX 964 JAMESTOWN, TN. 38556 TROY D. GAMMON P.O. BOX 964 JAMESTOWN, TN. 38556	_	20350	SUM	MEKLIN	RD #3	100		-		- · · · · · · · · · · · · · · · · · · ·				
If limited liability company is a manager-managed company, check here The name and usual business addresses of the managing members or managers are as follows: HOLLIS D. GAMMON P.O. BOX 964 JAMESTOWN, TN. 38556 TROY D. GAMMON P.O. BOX 964 JAMESTOWN, TN. 38556		FORT M	YER	s, FL 3	3908	-								
The name and usual business addresses of the managing members or managers are as follows: HOLLIS D. GAMMON P.O. BOX 964 JAMESTOWN, TN. 38556 TROY D. GAMMON P.O. BOX 964 JAMESTOWN, TN. 38556						(Str	eet addi	ress of p	rincipal of	fice)			 -	
The name and usual business addresses of the managing members or managers are as follows: HOLLIS D. GAMMON P.O. BOX 964 JAMESTOWN, TN. 38556 TROY D. GAMMON P.O. BOX 964 JAMESTOWN, TN. 38556	Ιf	limited lis	ahili+	V COmnons	ic a ma	mana	mane	nad ac-	·	L 1 - 1				
HOLLIS D. GAMMON P.O. BOX 964 JAMESTOWN, TN. 38556 TROY D. GAMMON P.O. BOX 964 JAMESTOWN, TN. 38556 TONY D. GAMMON P.O. BOX 964 JAMESTOWN, TN. 38556				, company	19 4 1116	mager	-mang	gca coi	прапу, с	neck i	ere		ć 5	 .
HOLLIS D. GAMMON P.O. BOX 964 JAMESTOWN, TN. 38556 TROY D. GAMMON P.O. BOX 964 JAMESTOWN, TN. 38556 TONY D. GAMMON P.O. BOX 964 JAMESTOWN, TN. 38556	T	ne name a	nd us	ual busine	ss addre	esses o	f the n	nanagir	ıg memb	ers or	managers	are as fo	llows:	_) =- ~-
TROY D. GAMMON P.O. BOX 964 JAMESTOWN, TN. 38556												200 mm € 100 mm 100 mm 100 mm 100 mm	e e	·
TONY D. GAMMON P.O. BOX 964 JAMESTOWN, TN. 38556	`													·
TONY D. GAMMON P.O. BOX 964 JAMESTOWN, TN. 38556	_	TROY	Ъ.	GAMMON	P.O.	вох	964	JAME:	STOWN,	TN.	38556		 	, T
TONY D. GAMMON P.O. BOX 964 JAMESTOWN, TN. 38556		monr.	-	a	-	5077	064				00556			
		1.ON 1	р.	GAMMON	P.O.	BOX	964	JAMES	STOWN,	TN.	38556	عُد في نو مع والسلا عد والسلام	_ 9	
												ا منتار		
								* · · · · · · · · · · · · · · · · · · ·				**		
	Αt	jurisdiction	under	the law of w	hich it is d	nganiza	xl. (Ap	hotocop	y is not acc	eptable.	If the certifi	icate is in a	foreig	n langua
ne jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language	be,	islation of th	e certi	ficate under o	oath of th	e transla	tor mus	t be subm	nitted.)					•
Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of re ne jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign languag anslation of the certificate under oath of the translator must be submitted.)	me													
ne jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language anslation of the certificate under oath of the translator must be submitted.)	tne trar		usine	ss or nurno	nees to I	a con	ducted		motad in	. Elani	1			
ne jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language	tne trar		usine	ss or purpo	oses to l	e con	ducted	or pro	moted in	Florio	la:			
ne jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language anslation of the certificate under oath of the translator must be submitted.)	trar	ature of b							moted in	Florio	la:			
ne jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language anslation of the certificate under oath of the translator must be submitted.) Nature of business or purposes to be conducted or promoted in Florida: RETAIL SALES = LADIES SPORTSWEAR	trar	ature of b				SPO	7'SWE	EAR		Florio	la:			
ne jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language anslation of the certificate under oath of the translator must be submitted.) Nature of business or purposes to be conducted or promoted in Florida: RETAIL SALES - LADIES SPORT SWEAR Halli, H. Hammon	trar	ature of b		LES - LI Holly	ADIES	SPOR	gswe I	ear Mgr				emher		
Nature of business or purposes to be conducted or promoted in Florida: RETAIL SALES - LADIES SPORTSWEAR Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes	trar	ature of b		Holly Signature (In accordant	ADIES , of a mace with se	SPOI ember	OF an a	EAR MAN authori), F.S., th	zed representation	esentat	ive of a m	nstitutes		
Nature of business or purposes to be conducted or promoted in Florida: RETAIL SALES - LADIES SPORTSWEAR Signature of a member or an authorized representative of a member.	trar	ature of b		Holly Signature (In accordant	ADIES of a mode with so	SPOI ember ection 60 the pena	or an absolute of I	MAR MAN authori), F.S., the	zed representation	esentat	ive of a m	nstitutes		

Secretary of State **Division of Business Services** 312 Eighth Avenue North 6th Floor, William R. Snodgrass Tower Nashville, Tennessee 37243

ISSUANCE DATE: 02/20/2001 REQUEST NUMBER: 01051534 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 03/29/1999 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0368353 JURISDICTION: TENNESSEE

CARIBBEAN TRADERSL, INC PO BOX 964

REQUESTED BY: CARIBBEAN TRADERSL, INC PO BOX 964

JAMESTOWN, TN 38556

JAMESTOWN, TN 38556

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT "CARIBBEAN TRADERS NO. 2, LLC.

A LIMITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF FORMATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID:
THAT THE MOST RECENT LIMITED LIABILITY ANNUAL REPORT REQUIRED HAS BEEN FILED;
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.

FOR: REQUEST FOR CERTIFICATE

FROM: DEER LODGE APPAREL, INC.

DEER LODGE, TN 37726-0000_

PO BOX 154

ON DATE: 02/20/01

FEES \$20.00

RECEIVED:

\$0.00

TOTAL PAYMENT RECEIVED:

\$20.00

RECEIPT NUMBER: 00002814908 ACCOUNT NUMBER: 00118171



RILEY C. DARNELL SECRETARY OF STATE

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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of	the Limited Liability Comp	pany is:					
	CARIBBEAN TR	ADERS NO.2	LLC				
2. The name and	d the Florida street address	of the registered	agent and office are:	:			
	RENEE A. HA						
	*	(Name)					
	1615 RED CEDAR DRIVE #5						
	Florida street add						
	FT, MYERS	FL	33907				
-		City/State/Zip					

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 obligations of my position as registered agent as provided for in Chapter 608, F.S..

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)