

# MD1000000525

## CARIBBEAN TRADERS

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

100003802541--6  
-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

MD1-525

FILED  
MAR -5 PM 5:00

**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:*

1. CARIBBEAN TRADERS NO. 2 LLC  
(Name of foreign limited liability company)
2. TENNESSEE  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 62-1769477  
(FEI number, if applicable)
4. 03/29/1999  
(Date of Organization)
5. PERPETUAL  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. MARCH 19, 2001  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 20350 SUMMERLIN RD #3160  
FORT MYERS, FL 33908  
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☐

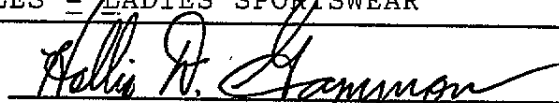
9. The name and usual business addresses of the managing members or managers are as follows:

<u>HOLLIS D. GAMMON P.O. BOX 964 JAMESTOWN, TN. 38556</u>	<div>FILED MAR - 5 PM 5:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>
<u>TROY D. GAMMON P.O. BOX 964 JAMESTOWN, TN. 38556</u>	
<u>TONY D. GAMMON P.O. BOX 964 JAMESTOWN, TN. 38556</u>	

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. 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 an affirmation under the penalties of perjury that the facts stated herein are true.)

HOLLIS D. GAMMON

Typed or printed name of signee

**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

TO:  
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

ON DATE: 02/20/01

FROM:  
DEER LODGE APPAREL, INC.  
PO BOX 154  
DEER LODGE, TN 37726-0000

RECEIVED:	FEES \$20.00	\$0.00
TOTAL PAYMENT RECEIVED:		\$20.00

RECEIPT NUMBER: 00002814908  
ACCOUNT NUMBER: 00118171



*Riley C Darnell*

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 Company is:

**CARIBBEAN TRADERS NO.2 LLC**

2. The name and the Florida street address of the registered agent and office are:

**RENEE A. HAMEL**

(Name)

**1615 RED CEDAR DRIVE #5**

Florida street address (P.O. Box NOT ACCEPTABLE)

**FT, MYERS**

**FL**

**33907**

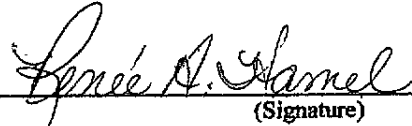
City/State/Zip

SECRETARY OF STATE  
FLORIDA

01 MAR -6 PM 5:00

FILED

*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)