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| (Requestor's Name) | |
|---|----------|
| (Address) | <u> </u> |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
| Office Use Only | |



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DIVISION OF CORN SKATION



| | NTS, INC. (formerly CCRS) FREET, LOWER LEVEL 32301 | | | | | |
|---|---|--|--|--|--|--|
| FILING COVER : ACCT. #FCA-14 | SHEET | | | | | |
| CONTACT: | CINDY | | | | | |
| DATE: | 2-21-05 | | | | | |
| REF. #: | 0650,35042 | | | | | |
| CORP. NAME: | SALANT HOLDING, LLC | | | | | |
| () ARTICLES OF INCO | RPORATION ()ARTICLES OF AMENDMENT ()ARTICLES OF DISSOLUTION ↔ | | | | | |
| () ANNUAL REPORT | () TRADEMARK/SERVICE MARK () FICTITIOUS NAME | | | | | |
| (XX) FOREIGN QUAL | FICATION () LIMITED PARTNERSHIP () LIMITED LIABILITY | | | | | |
| () REINSTATEMENT | () MERGER () WITHDRAWAL | | | | | |
| () ÇERTIFICATE OF C | ANCELLATION | | | | | |
| () OTHER: | | | | | | |
| STATE FEES PREPAID WITH CHECK# 5/1470 FOR \$ 130.00 | | | | | | |
| AUTHORIZATI | ON FOR ACCOUNT IF TO BE DEBITED: | | | | | |
| | COST LIMIT: \$ | | | | | |
| PLEASE RETUR | N: | | | | | |
| () CERTIFIED COPY | (XX) CERTIFICATE OF GOOD STANDING (XX) PLAIN STAMPED COPY | | | | | |
| () CERTIFICATE OF | STATUS | | | | | |

Examiner's Initials

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

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

| Salant Holding, LLC | ±: |
|--|--|
| | eign Limited Liability Company) |
| Delaware | 3 13-4116384 |
| (Jurisdiction under the law of which foreign limicompany is organized) | ited liability (FEI number, if applicable) |
| January 31, 2005 | 5. Perpetual |
| (Date of Organization) | (Duration: Year limited liability company will cease to exist or "perpetual") |
| · · | |
| (Date first transacted to (See sections 608.501 & | business in Florida, if prior to registration.) & 608.502 F.S. to determine penalty liability) |
| 3000 N.W. 107th Avenue, Attn: Tax Depart | |
| Miami, Florida 33172 | |
| (\$ | Street Address of Principal Office) |
| . If limited liability company is a manage | |
| . The name and usual business addresses | s of the managing members or managers are as follows: |
| Perry Ellis International, Inc. | |
| reny Lats International, Inc. | Burkan Baratan Kalandaran Baratan Bara |
| 3000 N.W. 107th Avenue | |
| Miami, Florida 33172 | |
| | |
| | o more than 90 days old, duly authenticated by the official having custody of records d. (A photocopy is not acceptable. If the certificate is in a foreign language, a or must be submitted.) |
| 11. Nature of business or purposes to be o | and the same and |
| * * | conducted or promoted in Florida: |
| Wholesale Apparel Distributor | conducted or promoted in Florida: |
| • • | B dute |
| Wholesale Apparel Distributor Signature of a fram (In accordance with section | nber or an authorized representative of a member. on 608.408(3), F.S., the execution of this document constitutes penalties of perjury that the facts stated herein are true.) |

Typed or printed name of signee

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 nan | ne of the Limited Liability | Company is: | | |
|---|--|--|--|--|
| Salant Holdi | ng, LLC | | | |
| 2. The nan | ne and the Florida street ac | ddress of the registered agent and | office are: | |
| | B & C Corporate Serv | ices, Inc. | | |
| | | (Name) | | |
| | 201 South Biscayne B | oulevard, Suite 3000 | | |
| | Florida Str | eet Address (P.O. Box NOT ACCEPTAE | 3LE) | |
| | Miami | FL 33131 | | |
| | | City/State/Zip | | |
| liability con agent and a relating to t | npany at the place designat gree to act in this capacity he proper and complete pe | nt and to accept service of process ted in this certificate, I hereby acce I further agree to comply with th rformance of my duties, and I am f d agent as provided for in Chapter | ept the appointm e provisions of a familiar with and | ent as registerea Il statutes l accept the |

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SALANT HOLDING, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF FEBRUARY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SALANT HOLDING, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF MARCH, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Darriet Smith Windson Secretary of State

AUTHENTICATION: 3686452

DATE: 02-15-05

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