

M 0600000 5743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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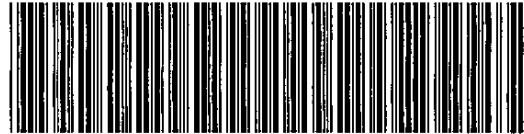
(Business Entity Name)

(Document Number)

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M06-5743  
JR

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PREMIUM LINES LLC  
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

STEVEN SCHNEIDER

(Name of Person)

PREMIUM LINES LLC

(Firm/Company)

152 W 36TH ST, STE 401

(Address)

NEW YORK, NY 10018

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

JASMINE Yi

(Name of Person)

at (212) 268-2611

(Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

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

1. PREMIUM LINES LLC  
(Name of Foreign Limited Liability Company)
2. NEW YORK  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 20-3423966  
(FEI number, if applicable)
4. 8/2/05  
(Date of Organization)
5. N/A perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. N/A  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 152 W 36TH ST, STE 401  
NEW YORK, NY 10018  
(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:

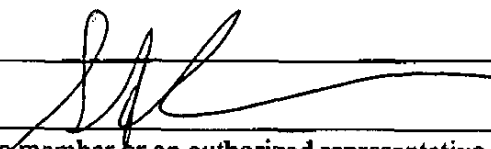
STEVEN SCHNEIDER, MEMBER  
MAKI Nohuchi, MEMBER  
JASMINE Yi, MANAGER

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TALLAHASSEE, FLORIDA

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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: WHOLESALE OF  
OUTERWEAR

  
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.)

STEVEN SCHNEIDER  
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 name of the Limited Liability Company is:

PREMIUM LIVES LLC

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

AIA REGISTERED AGENT INC

(Name)

92 SADBERRY ROAD

Florida Street Address (P.O. Box NOT ACCEPTABLE)

DAUNCEY

FL

32351

City/State/Zip

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TALLAHASSEE, FLORIDA

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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, Florida Statutes.

Paul Smith, Paul Smith V.P.

(Signature)

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

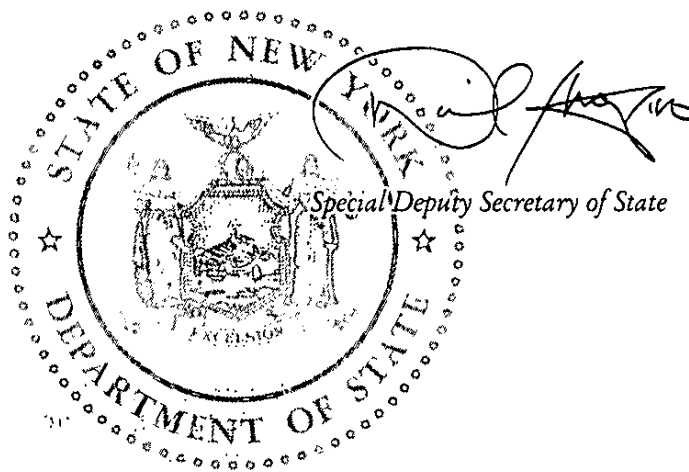
**State of New York**  
**Department of State** } ss:

I hereby certify, that PREMIUM LINES LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 08/22/2005, and that the Limited Liability Company is existing so far as shown by the records of the Department.

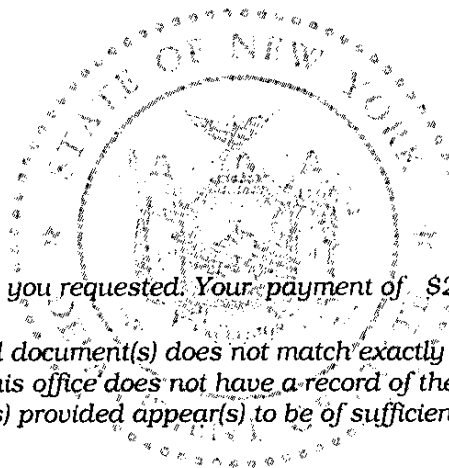
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*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 27th day of September two  
thousand and six.*

200609280211 39



PREMIUM LINES LLC  
ATTN: STEVEN SCHNEIDER  
152 WEST 36TH ST STE 401  
NEW YORK NY 10018



Enclosed is the information you requested. Your payment of \$25.00 is hereby acknowledged.

If the name on the enclosed document(s) does not match exactly with the name of the entity you requested, this office does not have a record of the exact name you requested. The document(s) provided appear(s) to be of sufficient similarity to be the entity requested.



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## REGISTERED AGENT SERVICE

DATE: 09/19/2006 - 09/19/2007  
NAME OF COMPANY: PREMIUM LINES LLC  
STATE/COUNTRY OF FORMATION: NEW YORK  
REGISTERED AGENT SERVICE REQUESTED: **FLORIDA**

### REGISTERED AGENT INFORMATION:

Name: A1A Registered Agent Inc.  
Address: 92 Sadberry Road  
City, State, Zip: Quincy, Florida 32351

### Address to send Service of Process and other official documents.

Name: STEVEN S SCHNEIDER  
Address: 152 WEST 36TH STREET STE 401  
City, State, Zip: NEW YORK, NY 10018

### If the above address changes you must notify A1A Corporate Services.

A1A Corporate Services refers customers to registered agents throughout the 50 states and will not be acting as a registered agent for your company. You agree that A1A Corporate Services makes no warranty, representation or endorsement to such registered agent services and will not be responsible for any transactions or occurrences with respect to such third party registered agents. Your credit card will be billed next year for \$140.00 for each company we have on file.

STEVEN S SCHNEIDER 's Signature

IF You need to change or update information please fax your new information to 1-305-675-2811.

### New Contact Information:

Name:  
Address:  
City, State, Zip:  
Tel:  
Fax:  
Email: