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Account Name : C T CORPORATION SYSTEM
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LS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

ElizaGray LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

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CRAIG AND MACAULEY

NO. 073

P. 4

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

IN COMPLIANCE WITH SECTION 608.508, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ElizaGray LLC
(Name of Foreign Limited Liability Company)

2. MA
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 68-0535982
(FBI number, if applicable)

4. January 8, 2003
(Date of Organization)

5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")

6. June 13, 2007
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. c/o ElizaGray LLC, 1744 South Ocean Boulevard
Palm Beach, FL 33480
(Street Address of Principal Office)

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

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

Gita Costa, c/o ElizaGray LLC, 1744 South Ocean Boulevard, Palm Beach, FL 33480

Nassrine Traverse, c/o ElizaGray LLC, 1744 South Ocean Boulevard, Palm Beach, FL 33480

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: To engage in the design, manufacture, marketing, and distribution of fashion accessories.

Gita Costa
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.)
Gita Costa, Manager
Typed or printed name of signer

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TALLAHASSEE, FLORIDA

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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:

ElizaGray LLC

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

Gita Costa

(Name)

c/o ElizaGray LLC, 1744 South Ocean Boulevard

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

Palm Beach,

FL 33480

(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, Florida Statutes.

Gita Costa

(Signature)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

June 15, 2007

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

ELIZAGRAY LLC

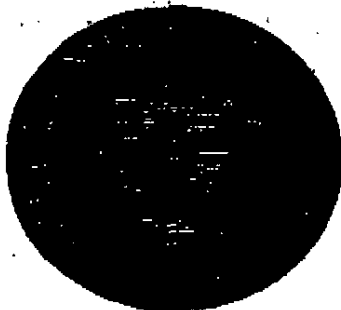
in accordance with the provisions of Massachusetts General Laws Chapter 156C on January 9, 2003.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that, said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: **GITA COSTA, NASSRINE TRAVERSE**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **GITA COSTA, NASSRINE TRAVERSE**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **GITA COSTA, NASSRINE TRAVERSE**



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin
Secretary of the Commonwealth

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FLORIDA

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