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## **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: Uniforms Etc. USA, L.L.C. (Name of Limited Liability Company)
(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:
Edward J. Stephenson (Name of Person)
(Name of Person)
(Name of Person)  Uniforms Etc. USA, L.L.C.  (Firm/Company)  P.O. Box 705
(Firm/Company)
P.O. Box 705 (Address)
(Address)
Lake Butter FL 32054 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Lillian Escolar at (866) 994-3232
(Name of Person) (Area Code & Daytime Telephone Number)
MAILING ADDRESS: STREET ADDRESS:
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:  \$\sum_\$125.00 \text{Filing Fee} \sum_\$130.00 \text{Filing Fee & } \sum_\$155.00 \text{Filing Fee & } \sum_\$\$160.00 \text{Filing Fee, Certificate} \text{Certificate Opy of Status & Certified Copy}  \$\sum_\$ \text{Certified Copy of Status & Certified Copy} \text{Certified Copy} \text{Certified Copy}

## 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 FOREIC LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")
2. Louisiana State Dept.  (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
company is organized)
1. 10/03/05 5. perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
5. <u>~   ~   ~   ~   ~   ~   ~   ~   ~   ~ </u>
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7767 Tom Drive
Baton Rouge, LA 70806 AND ST
(Street Address of Principal Office)
3. 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:
Edward J. Stephenson
P.O. Box 705
Lake Butter, FL 32054
<ol> <li>Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in purisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a</li> </ol>
anslation of the certificate under oath of the translator must be submitted.)
1. Nature of business or purposes to be conducted or promoted in Florida: uniforms sales,
$ \mathcal{V} /$
*
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.)
Edward J. Skphenson
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:		
Uniforms Etc. USA, LLC		
If name unavailable, the alternate name to be used in the state of Florida is:	ARY OF S	
2. The name and the Florida street address of the registered agent and office are:		
Edward J. Stephenson	*	1+
(Name)  144 22 NW 107 th Ta Ail Waters  Florida Street Address (P.O. Box NOT ACCEPTABLE)	Deliveral	Te
Florida Street Address (P.O. Box NOT ACCEPTABLE)	For MAI	f: fa Lezz
Lake Bother FL 32054	( P.O. Box 70 EAKE But	os Her Fl
City/State/Zip		32054

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.

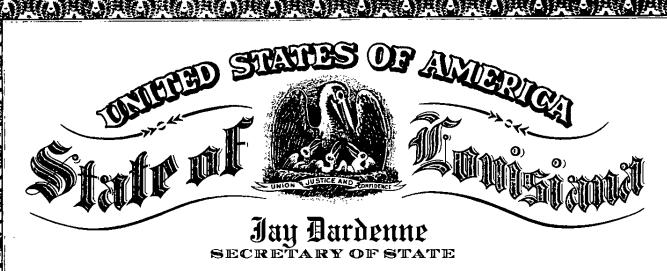
(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



As Secretary of State, of the State of Louisiana, I do hereby Certify that the Articles of Organization of

UNIFORMS ETC. U.S.A., L.L.C.

Domiciled at HOUMA, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on October 03, 2005,

I further certify that no Certificate of Dissolution has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on, November 7, 2007

ABA 36024173K

Secretary of State

