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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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C. LEWIS
NOV 192008
EXAMINER

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: PIAZZA SEMPIONE RETAIL OUTLET	
(Name of Limited L	iability Company)
The enclosed "Application by Foreign Limited Liability Florida," Certificate of Existence, and check are submitted liability company to transact business in Florida.	
Please return all correspondence concerning this matter t	o the following:
PIETRO BALDON	
(Name of	Person)
G.C.CONSULTANTS, INC	
(Firm/Co	mpany)
444 MADISON AVENUE SUITE 1206	5
(Addr	ess)
NEW YORK, NY 10022	
(City/State and	d ZIP Code)
	.,
For further information concerning this matter, please ca	П:
	(212) 310-9311
(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:  \$\int \frac{1}{2}\$125.00 Filing Fee \$\int \frac{1}{2}\$\$ Status	\$155.00 Filing Fee & X \$160.00 Filing Fee, Certificate  Certified Copy of Status & Certified Copy

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### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO E. FLURIDA 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:

(Name o	f Foreign Limited Lie	bility Company)	
DELAWARE	3.	26-3412918	
(Jurisdiction under the law of which foreign	n limited liability	(FEI number, if application	ble)
	en en eser e un al-	to the state of th	
09/18/2008	5.	PERPETUAL	
(Date of Organization)	•	(Duration: Year limited liability comexist or "perpetual")	pany will cease to
	12/01/20	08	
(Date first transac (See sections 608)	ted business in Flori	da, if prior to registration.) determine penalty liability)	
<b>&gt;</b>	in in an andiologie sindi	a acciding being Automay	
34 OAK ST.			
CHICAGO, IL 60611			•
CRICAGO, IL GUOLL	(Street Address of	Principal Office)	
	•		,
If limited liability company is a ma	nager-managed c	ompany, check here	,
	,	· · · · · · · · · · · · · · · · · · ·	
The name and usual business addre	sses of the manag	ing members or managers are as	follows:
PIAZZA SEMPIONE RETAIL L	Tic -	<u>.</u>	
34 OAK STREET			
CHÍCAGO, IL 60611			
			·
		<u> </u>	m4*
Attached is an original certificate of existen jurisdiction under the law of which it is orga	nized. (A photocopy is	s not acceptable. If the certificate is in a fo	having custody of re- reign language, a
nslation of the certificate under oath of the tra	nslator must be súbmi	tted.)	
Nature of business or purposes to	be conducted or p	romoted in Florida:	· · · · · · · · · · · · · · · · · · ·
RETAIL CLOTHING STORE -	WOMENS CLOTE	IING	
XXX	merci		
		orized representative of a membe	<del>-</del> τ.
(In accordance with s	ection 608.408(3), F.S.	the execution of this document constitutes	
		that the facts stated herein are true.)	
IRAKLIS KAF	LABASSIS_		
	yped or printed n		_

FILED

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#### SECRETARY OF STATE TALLAHASSEE, FLORIDA

### 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:					
PIAZZA SEMP	IONE RETAIL OUTLET LL	<u>.C</u>	****		
2. The name and	I the Florida street address of	f the registered agent and office are:			
REGISTERED AGENT SOLUTIONS, INC.					
-	,	(Name)	-		
155 OFFICE PLAZA DRIVE, SUITE A					
Florida Street Address (P.O. Box NOT ACCEPTABLE)					
	TALLAHASSEE, FL	32301 City/State/Zip	-		
		Спутошия Дір			

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.

SAL ABECASIS, ASSISTANT SECRETARY

## Delaware

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PIAZZA SEMPIONE RETAIL OUTLET 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 ELEVENTH DAY OF NOVEMBER, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PIAZZA SEMPIONE RETAIL OUTLET LLC" WAS FORMED ON THE NINETEENTH DAY OF SEPTEMBER, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

THE REPORT OF THE PARTY OF THE

4602608 8300 081106281 Varnet Smile Windson

AUTHENTICATION: 6959425

DATE: 11-11-08