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SECRETARY OF STATE
DIVISION OF CORPORATION

T. HAMPTON

DEC 2 1 2009

EXAMINER

COVER LETTER

PO: Registration Section Division of Corporations
SUBJECT: WARDROBE WASON, 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:
JEROME OPPENBERG Name of Person
WARDROBE WAGON, UC
1854 ARATRY COURT
MARCO ISCAND, FU34AT City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DEPUME OPDENBERG at (973) 271-8358 (CEU) Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section 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 & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. WARDEDBE WAGON LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(Name of Poleigh Entitled Elability Company, must include Elimited Elability Company, 15.5.c., of 1550.)
(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. (Jurisdiction under the law of which foreign limited liability company is organized) 3. 205 875847 (FEI number, if applicable)
4. Oct 31, 2006 (Date of Organization) 5. PERDETUA (Duration: Year limited liability company will cease to exist or "perpetual")
6. (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 258 B KOUTE AB EAST
FAIRFIELD NJ07004 (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:
JERALDINE OPPENBERG MARRING MBR
10. Attached is an original certificate of existence, no more than 90 days old, duty 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:
CLOTHING H CPAPT SHOWS (WOOD)
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
Typed or printed name of signee
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:
WARDROBE WAGON, LLC
If unavailable, the alternate to be used in the state of Florida is:
BOWKHIFEICOM
2. The name and the Florida street address of the registered agent and office are:
(Name)
Florida Street Address (P.O. Box NOT ACCEPTABLE)
MARCO TSCANDFL 2A1A5 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.

(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 JERSEY DEPARTMENT OF TREASURY SHORT FORM STANDING

WARDROBE WAGON, LLC

0600283199

With the Previous or Alternate Name

BOWKNIFE. OM (Alternate Name)

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on October 31, 2006.

As of the date of this certificate, said business continues as an active business in the State of New Jersey. Annual Reports are outstanding for the following year(s):

2008

I further certify that the registered agent and registered office are:

Jerome E. Oppenberg 555 Valley Road West Orange, NJ 07052

THE STATE CAPE AT THE CAPE AT

Certification# 115970564

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 15th day of December, 2009

R. David Rousseau State Treasurer

Verify this certificate at https://wwwl.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp