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PICK-UP WAIT MAIL			
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EXAMINER



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SECRETARY OF STATE ALLAHASSEE, FLORID.

COVER LETTER

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TO:

Registration Section Division of Corporations

Nan	ne of Limited Liability Company
	ility Company for Authorization to Transact Business in Florida," Certificate of pove referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this ma	tter to the following:
John Clark	
	Name of Person
Centric Group, L.L.C.	
•	Firm/Company
1260 Andes Boulevard	
	Address
Saint Louis, Missouri 631	32-1702
	City/State and Zip Code
jclark@centricgp.com	·
E-mail address: (t	o be used for future annual report notification)
For further information concerning this matter, pleas	se call:
John Clark	_{at (} 314 <u>)</u> 214-2700
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 amoun \$125.00 Filing Fee \$130.00 Filing Fee Certificate of State	nt: e & \$\Bigcip\$155.00 Filing Fee & \$\Bigcip\$160.00 Filing Fee, Certificate

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 FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

2. The black of the state of th
1. TRG Accessories, L.L.C. (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")
TRG; L.L.C.
(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. Missouri 3. 43-1817409
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. June 1, 1998 _{5.} perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. Date of Registration
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 2047 Westport Center Drive
Saint Louis, MO 63146
(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:
John T. O'Connell, 1260 Andes Boulevard, St. Louis, MO 63132
10 Au-1-4:
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 and
Internet Retail sales of luggage and travel accessories.
Signature of a member or an authorized representative of a member.

John T. O'Connell

Typed or printed name of signee

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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.

If unavailable, the alternate to be use	d in the state of Florida is:	
TRG, L.L.C.		
2. The name and the Florida street a	ddress of the registered agent and office are:	
C T Corporation S	system	
	(Name)	
1200 South Pine	e Island Road, c/o C T Corp System	
	reet Address (P.O. Box NOT ACCEPTABLE)	
Plantation	_{FL} 33324	
	City/State/Zip	

SEE ATTACHED (Signature)

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.

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

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 Li	mited Liability Com	pany is:	
TRG Accessorie	s, LLC		
If unavailable, the alte	rnate to be used in the	ne state of Florida is:	·
2. The name and the F	lorida street address	s of the registered agent and office are	:
	c	T Corporation System	
		(Name)	
	1200	South Pine Island Road	
•	Florida Street Ad	dress (P.O. Box <u>NOT</u> ACCEPTABLE)	
	Plantation	FL ³³³²⁴	
		City/State/Zip	
liability company at the agent and agree to act trelating to the proper a	place designated in in this capacity. I fur nd complete perform on as registered ager	to accept service of process for the ab this certificate, I hereby accept the app ther agree to comply with the provision ance of my duties, and I am familiar w nt as provided for in Chapter 608, Flor	ointment as registered ns of all statutes ith and accept the
By: Nothing	Seele		
- /UIVIVIU	Signature) Asst. Secy.	·	
	\$ 100.00	Filing Fee for Application	
	\$ 25.00		
	\$ 30.00	Certified Copy (optional)	

5.00 Certificate of Status (optional)

STATE OF MISSOURI



Robin Carnahan Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

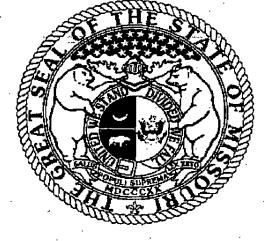
TRG ACCESSORIES, L.L.C. LC0020062

was created under the laws of this State on the 1st day of June, 1998, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 30th day of August, 2011

n Amahan

Secretary of State



Certification Number: 14132979-1 Reference: Victorinox.com

Verify this certificate online at https://www.sos.mo.gov/businessentity/soskb/verify.asp