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SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 MAR - 2 AM II: 17

MAR = 5 2012 T. HAMPTON

COVER LETTER

TO:

Registration Section
Division of Corporations

UBJECT: LILIBON, LLC	
Name of Limited Liability Company	
ne enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certicistence, and check are submitted to register the above referenced foreign limited liability company to transact business in	
ease return all correspondence concerning this matter to the following:	
EMILIE BON	
Name of Person	
LILIBON, LLC	
Firm/Company	
100 N BISCAYNE BLVD STE 500	
Address	
MIAMI, FL 33132	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
Joyce Piolat at (305) 579 0220	
Name of Person Area Code & Daytime Telephone Number	
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	
status & Certificate of Status Status S155.00 Filing Fee & Certificate 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 FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. LILIBON, 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 consent of the managers or managing members adopting the alternate name. The alternate name must in Company," "L.L.C," "LLC.")	
2. NEW YORK 3. 30-0452771	
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applied company is organized)	able)
4 10/17/2007 5 PERPETUAL	
(Date of Organization) (Duration: Year limited liability co exist or "perpetual")	mpany will cease to
6.	12 NISE NVISE
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	AAR .
7 700 Euclid Avenue	2 gg
MIAMI BEACH, FL 33139	2 AH 1:
(Street Address of Principal Office)	· · · · · · · · · · · · · · · · · · ·
8. If limited liability company is a manager-managed company, check here	: -1
9. The name and usual business addresses of the managing members or managers are a	ıs follows:
EMILIE BON	
700 Euclid Avenue #100	
MIAMI BEACH, FL 33139	
10. Attached is an original certificate of existence, no more than 90 days old, duty authenticated by the official the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a translation of the certificate under oath of the translation must be submitted.)	
11. Nature of business or purposes to be conducted or promoted in Florida:	· · · · · · · · · · · · · · · · · · ·
Swimwear Reselling	·
Mon Sign Here	·
Signature of a member or an authorized representative of a mem	ber.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirm	ation under the

Typed or printed name of signee

EMILIE BON

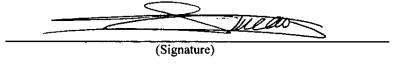
penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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.

1. The name of the Limited Liability Company is:	
LILIBON, LLC	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent an	d office are:
JADE ASSOCIATES MIAMI, INC	
(Name)	
100 N BISCAYNE BLVD STE 500 Florida Street Address (P.O. Box NOT ACCEPT.	1015)
Florida Street Address (F.O. Dox MOI ACCEPT	ABLE)
MIAMI _{FL} 33132	
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.



\$ 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 York Department of State } ss:

I hereby certify, that LILIBON LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 10/17/2007, and that the Limited Liability Company is existing so far as shown by the records of the Department.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 17th day of January two thousand and twelve.

First Deputy Secretary of State