

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000127274 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

#### Foreign Limited Liability Company Bonmarch A @ Holdings, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

5/9/2012

### 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 LIBITATY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

		lternate name adopted						
	""Ľ"Ľ.C," "ĽĽÇ,"		houng one street	v remainer in	s macrotic name i	ICES THEIGHS	Condes Pishi	111-7
2. DELAV	VADD.			07 6031030				
		v of which foreign limi		27-5011030	(FEI number, it	applicable)		-
company	is organized)		,		(* <u></u> )	466000000		
4 FEBRI	JARY 15, 2011		5	PERPETUA	L			
''	(Date of Or	rganization)		(Duration:	Year limited liab	ility company	will cease to	-
6. UPON	QUALIFICATIO	N		-	•		_	
	(\$	(Date first transacted b	usiness in Flori 608,502 F.S. t	ida, if prior to p determine p	registration.)			
520A T		Circle, suite 600, 1			, , , , , , , , , , , , , , , , , , ,			
7. 3200 1	JANCENTERC	JRCLE, SOLIE 600, I	OCA ICCION	4, FC 33480			<del></del>	-
		<u>(Si</u>	reet Address of	Principal Of	fice)	<del></del>		-
8. If limi	ted liability con	mpany is a manage	r-managed c	ompany, ch	eck here			
	_	•	•	- •		2.41		
9. The na	ime and usual t	business addresses	of the manag	ging membe	rs of manager	s are as folio	ows:	
SUN B	ONMARCHÉ, L	LC 5200 TOWN CEN	iter circle	, SUITE 600,	BOCA RATON,	FL 33486		
		· · · · · · · · · · · · · · · · · · ·		···				_
								_
								-
	d is an original cort	tificate of existence, no r	nore than 90 da	ysold, duly au	thenticated by the	official having	custody of rec	cords in
10. Attache		of which It is organized.						
		deroeth of the translator	must be submi	itted.)				
he junisdicti					Florida			
hejunisticti ranstation c	of the certificate una	venurnosas to be co	anducted or r	nomoted in				-
hejurisdicti translation of 11. Natur	afthe certificate und e of business o	or purposes to be co	onducted or p	promoted in				
hejurisdicti translation of 11. Natur	of the certificate una	• •	onducted or p	- C				•
hejurisdicti translation of 11. Natur	afthe certificate und e of business o	• •	anducted or p	- C	men	par ·		••
hejurisdicti translation of 11. Natur	of the certificate und the of business of ND ALL LAWFU	DL PURPOSES  gnature of a memb	all III er or an auth	IC (97	Wey esentetive of a	member.		•
hejurisdicti translation of 11. Natur	of the certificate und the of business of ND ALL LAWFU  Sign	DL PURPOSES  gnature of a memb	ac or an auth	orized reprion of this docu	Welgesentative of a	affirmation und	der the	••
hejurisdicti translation of 11. Natur	of the certificate und the of business of ND ALL LAWFU  Sign	DL PURPOSES  gnature of a memb	ac or an auth	orized reprion of this docu	Welgesentative of a	affirmation und	der the I	12
hejuristicti ranstation o	of the certificate una re of business o ND ALL LAWPU  Si (In accordance possities of per document to	gnature of a memb with section 608.408(3), crivry that the facts states the Department of Sta	er or an auth F.S., the executi of horein are true, the constitutes a	corized reprion of this docu I am sware it it third degree	esentative of a	affirmation und	der the J third (ATS) 1555, Fas (ATS) AS	12 11
hejurisdicti translation of 11. Natur	of the certificate una re of business o ND ALL LAWPU  Si (In accordance possities of per document to	ignature of a memb with section 608.408(3), crivry that the facts states the Department of States ICHAEL J. MCCONV	er or an auth F.S., the executi decem are true, de constitutes a VERY, AUTHO	forized reprison of this does I am aware it third degree ORIZED REP	esentative of a arrest constitutes an att any false inforfelony as provide RESENTATIVE	affirmation und	der the I	12 HAY
hejurisdicti translation of 11. Natur	of the certificate una re of business o ND ALL LAWPU  Si (In accordance possities of per document to	ignature of a memb with section 608.408(3), crivry that the facts states the Department of States ICHAEL J. MCCONV	er or an auth F.S., the executi of horein are true, the constitutes a	forized reprison of this does I am aware it third degree ORIZED REP	esentative of a arrest constitutes an att any false inforfelony as provide RESENTATIVE	affirmation und	SEBRETAR MASK AHAS	12 MAY -9

## 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 nar	ne of the Limited Liability Comp	any is:							
Bonmarché Holdings, LLC									
lf unavaila	funavailable, the alternate to be used in the state of Florida is:								
2. The nam	ne and the Florida street address	of the registered agent and office are:							
	C T Corporation System								
		(Name)							
	1200 South Pine Island Road								
	Florida Street Add	ress (P.O. Box <u>NOT</u> acceptable)							
	Plantation	FL 33324							
		City/State/Zip							
ltability con agent and a relating to t	npany at the place designated in the Igree to act in this capacity. I furth the proper and complete performa	o accept service of process for the above stated limited his certificate, I hereby accept the appointment as registered her agree to comply with the provisions of all statutes nee of my duties, and I am familiar with and accept the as provided for in Chapter 608, Florida Statutes.							
	(Signz	ture)							
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Filing Fee for Application Designation of Registered Agent Certified Copy (optional) Certificate of Status (optional)							

PLOT: - IONEZOLÓ C T System Ónico

# Delaware

PAGE '

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BONMARCHE HOLDINGS, 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 EIGHTH DAY OF MAY, A.D. 2012.

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

4940813 8300

120531946

You may varify this certificate chline at corp. delaware. gov/authwar.shtml

AUTHENTY CATION: 9558370

DATE: 05-08-12