M12000005900

(Requ	uestor's Name)	
(Addr	ess)	
. (Addr	ess)	
(City/	State/Zip/Phon	e #\
()		,
PICK-UP	☐ WAIT	MAIL
_		_
(Duei	(Fukib. No.	
(Busi	ness Entity Nar	ne)
(Docu	ıment Number)	
Certified Copies	Certificates	s of Status
Cunnial luntuurkinun ta Fi	line Officer	
Special Instructions to Fil	ling Officer:	
:		-

Office Use Only



300240335543

10/18/12--01028--004 **160.00

SEURLTARY OF STATE ALLAHASSEE, FLORIDA

N. Culligan 007 2 2 2012

Lof 2 endosures

COVER LETTER

	Na	ame of Limited Liability Con	pany	
The enclosed "Application by F		•	ation to Transact Business in Florida," (Certificate of
Existence, and check are submit	ted to register the	above referenced foreign limit	ited liability company to transact busine	ss in Florida
Please return all correspondence	concerning this m	natter to the following:		
Marisa Un	ger			
		Name of Person		
Fresh Prod	uce Retail LL0			
		Firm/Company		
2865 Wilde	erness Place			
		Address		
Boulder, C	O 80301			
		City/State and Zip Code		
AP@fpco	lor.com			
	E-mail address: (to be used for future annual r	eport notification)	
For further information concerning	ng this matter, plea	ase call:		
Marisa Unger		at (303	544-3265	
Name	of Person	Area Code & Daytime		
MAILING ADDRESS Division of Corporation		STREET ADDRESS: Division of Corporations		
Registration Section	-	Registration Section		
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	cle	

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. Fresh Produce Sportswear 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 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. Colorado (Jurisdiction under the law of which foreign limited liability company is organized) 3. 33-0231339 (FEI number, if applicable)
4. 05/06/1991 (Date of Organization) 5. Perpetual (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)
7. 2865 Wilderness Place
Boulder, CO 80301 (Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here 2
9. The name and usual business addresses of the managing members or managers are as follows:
mary Ellen Vernon - see address below
Thomas Vernon - see address below 2865 Wilderness Place, Boulder, CO 80301
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: Retail - clothing
Signature of a number or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penaltics 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.)

Jo Stone, member representative

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 Comp	pany is:
Fresh Produce Sportswear LI	LC
If unavailable, the alternate to be used in the	e state of Florida is:
2. The name and the Florida street address	of the registered agent and office are:
NRAI Services, Inc.	
	(Name)
515 East Park Avenue	9
Florida Street Add	Tress (P.O. Box NOT ACCEPTABLE)
Tallahassee	(Name) Press (P.O. Box NOT ACCEPTABLE) FL 32301
	City/State/Zip
liability company at the place designated in th agent and agree to act in this capacity. I furth relating to the proper and complete performar	o accept service of process for the above stated limited as certificate, I hereby accept the appointment as registered her agree to comply with the provisions of all statutes nice of my duties, and I am familiar with and accept the as provided for in Chapter 608, Florida Statutes. Jessica Metzger, Assistant Socretary
\$ 100.00	Filing Fee for Application
\$ 25.00 \$ 30.00	Designation of Registered Agent Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE

I, Scott Gessler, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

FRESH PRODUCE RETAIL, LLC

is a **Limited Liability Company** formed or registered on 04/19/1994 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19941045376.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 10/15/2012 that have been posted, and by documents delivered to this office electronically through 10/16/2012 @ 09:51:37.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 10/16/2012 @ 09:51:37 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 8363685.



Secretary of State of the State of Colorado

*************End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, http://www.sox.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sox.state.co.us/click Business Center and select "Frequently Asked Questions."