Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA00000023 Phone

: (850)222-1092

Fax Number

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Foreign Limited Liability Company Tomas Maier Retail LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

CR2E027 (9/10)	COVER LETTER			
	tration Section ion of Corporations			
SUBJECT:	Tomas Maier Retail LLC			
	Name of Limited Liability Company			
The enclosed 'Existence, and	Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, check are submitted to register the above referenced foreign limited liability company to transact business.	Certific ness in F	ate of lorida	
Please return a	It correspondence concerning this matter to the following:			
	Peter Mastrostofano			
	Name of Person			
	Kering Americas, Inc.			
	Firm/Company	10.704		
	3 East 57th Street		2013 NOV	
	Address		NO.	- T-
	New York, NY 10022		ر ا	
	City/State and Zip Code		×	m
	peter.mastrostefano@kering.com	H SIME	9.	
	E-mail address: (to be used for future annual report notification)	高	57	Table 1
For further in	ormation concerning this matter, please call:			
	Peter Mastrostefano 978 996-5699			
<u> </u>	Name of Person Area Code & Daytime Telephone Number	•		
Divis Regi P.O.	LING ADDRESS: Jon of Corporations Joint of Corporations Stration Section Registration Section Box 6327 Clifton Building hassee, FL 32314 Canal Executive Center Circle Tallahassee, FL 32301			
	a check for the following amount: 25.00 Filing Fee \$\Bigcup \$130.00 Filing Fee & \$\Bigcup \$155.00 Filing Fee & \$\Bigcup \$160.00 Filing Fee, C Certificate of Status Certified Copy of Status & Certified		£	

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: Tomas Majer Retail 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. (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 9-18-2013 (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") N/A (Date first transacted lrusiness in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 595 Madison Avenus, New York, NY (Street Address of Principal Office) 8. If Ilmited 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: 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 larguage, a translation of the certificate under onth of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Engage in any lawful activity 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 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.) Peter Mastrostefeno

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.

I. The name of	of the Limited Liability (Company is:	
	•	Tomas Maier Retail LLC	
If unavailable,	the alternate to be used	d in the state of Florida is:	,
2. The name a	nd the Florida street add	idress of the registered agent and office are:	
		C T Corporation System	, <u>2</u>
		(Name)	AON GIR
		1200 South Pine Island Road	
	Florida Stre	reet Address (P.O. Box NOT ACCEPTABLE)	5 5
	Planiation	33324 Fil.	
liability compar registered agen statutes relating	my at the place designate at and agree to act in this g to the proper and com- gations of my position as Trapo	city/StrictZip ni and to accept service of process for the above stated limited ited in this certificate, I hereby accept the appointment as a capacity. I further agree to comply with the provisions of all applets performance of my duties, and I am familiar with and as pegistered agent as provided for in Chapter 608, Florida constitute System (Signature) EALVINA AMENTA GRAY STICIAL ASSISTANT SECRETARY	9: 57
		100.00 Filing Fee for Application 25.00 Designation of Registered Agents	ميد

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARS, DO HERSBY CERTIFY "TOMAS MAIER RETAIL 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 FIFTH DAY OF NOVEMBER, A.D. 2013.

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

5400890 8300

CATION: 0869275

DATE: 11-05-13