Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Foreign Limited Liability Company AXEL VERVOORDT USA, LLC

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3/6/2014

THE COURSE IN

COVER LETTER

TO:

Registration Section Division of Corporations

musco: Axel Vervoordt USA, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Peggie Golger

Nurse of Person

Cohen and Wolf, P.C.

Fluit/Company

1115 Broad Street

Address

Bridgeport, CT 06604

PGolger@cohenandwolf.com

B-mail address: (to be used for fithire cannal report selffication)

For further information concerning this matter, please call:

Peggie Golger

",203

615-3309

a Code Daytime Telephone Nur

MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tailshasses, PL 32314 STREET ADDRESS; Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallshussec, PL 32301

Enclosed is a check for the following emount:

☐ \$125.00 Flung Fee

13 \$130.00 Filing For & Cortificate of Status

El \$155.00 Piling Fee & Certified Capy ☐ \$160.00 Filing Fee, Cartificate of States & Cartifled Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 6050602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REC FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. Axel Vervoord't USA, LLC	KYLER A
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC")	-
(If name unavailable, oner alternate same adopted for the purpose of transacting husiness in Florida. The alternate same must include '1. Usbillty Company," "LL.C," or "LLC.")	imited
2. New York 3 01-0916996	_
Carisdiction under the law of which furtion limited liability (FEI number, if applicable) company is expanient)	
4. (Only first transacted business in Florida, (Codor to restauration.)	
(Outo first transfered business in Florida, If prior in registration.) (Not excitom 605.0901 & 605.0905, F.S. to determine penalty liability) 5. 170 Pequot Avenue	
Southport, CT 06890	- S 2
(Striet Address of Principal Office) 5. P.O. Box 491	2014 HAR SECONDI
Southport, CT 06890	- ASS
(Mailing Address)	199
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	15 Si 80
Boris Vervoordt, Director	- 1817 6
Stokerijstaat 15-19	-
Wijnegem, BELGIUM	.
Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the of usving custody of records in the justification 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 translation of the certificate under oath of the translation of the submitted) Signature of an authorized person secondary with carrier 505,0003, F.S., the exception of the foreign an authorized school the property that the last stated has	nslator
Epide to the second second in a second to the Department of State coordinate a field degree fallony as provided for in a \$17,165, F.S. Boris Vervoordt]
Typed or ecipted name of signer	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 used in the state of Florida is:	
2. The name	and the Florida street address of the registered agent and office are:	ATT
	C T Corporation System	2014 MAR SECKET VALLEAU
	(Name)	经 医
	1200 South Pine Island Road	が高いて
	Planda Street Address (P.O. Box NOT ACCEPTABLE)	
	Plantation FT. 33324	(۲) تيلم
	City/State/Zip	8. 16 ORIDA

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 the Chapter 605, Florida Statutes.

Vice President

\$ 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 AXEL VERVOORDT NEW YORK, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 09/22/2008, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment AXEL VERVOORDT NEW YORK, LLC, changing its name to AXEL VERVOORDT USA, LLC, was filed 02/02/2011.



Witness my hand and the official seal of the Department of State at the City of Albany, this 05th day of March two thousand and fourteen.

Anthony Giardina
Executive Deputy Secretary of State

201403060089 * EZ