# M14000002174

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| (==,,================================== |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Sconieco Line, Marie,                  |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 18, 2014

STEVEN ROTTER 330 COCOPLUM RD CORAL GABLES, FL 33143

SUBJECT: PINSTRIPE LICENSING LLC

Ref. Number: W14000017238

We have received your document for PINSTRIPE LICENSING LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the title of the individual listed in #7.,

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers Regulatory Specialist II Registration/Qualification Section

Letter Number: 014A00005803

#### **COVER LETTER**

| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: PINSTRIPE LICENSING 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:   |
| STEVEN ROTTER   |
| Name of Person  |
| PINSTRIPE LICENSING LLC   |
| Firm/Company  |
| 330 COCOPLUM ROAD   |
| Address   |
| CORAL GABLES, FL 33143  |
| City/State and Zip Code   |
| Soppenheim Egettrymarcus . Com E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:  |
| STEVEN ROTTER 516 364-3390 X222   |
| Name of Contact 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  |
| Enclosed is a check for the following amount:  \$\Bigsize \frac{1}{2}\$125.00 Filing Fee \$\Bigsize \frac{1}{2}\$130.00 Filing Fee & \$\Bigsize \frac{1}{2}\$155.00 Filing Fee & \$\Bigsize \frac{1}{2}\$160.00 Filing Fee, Certificate of Status & Certified Copy  \$\Bigsize \frac{1}{2}\$155.00 Filing Fee & \$\Bigsize \frac{1}{2}\$160.00 Filing Fee, Certificate of Status & Certified Copy |

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| PINSTRIPE LICENSING LLC (Name of Foreign Limited Liability Company; must in   | include "Limited Li                                 | bility Company," "L.L.C.  | ," or "LLC.")                                 |                            |  |
|---|---|---|---|----------------------------|--|
| If name unavailable, enter alternate name adopted for the purpose Liability Company," "L.L.C," or "L.L.C.")   | of transacting busin                                | ess in Florida. The alterna                                       | te name must inch                             | ude "Limite                |  |
| DELAWARE  | 3. 27-36  | 86338   |   |                            |  |
| (Jurisdiction under the law of which foreign limited liability company is organized)  |   | (FEI number, if applicable)                                       |   |                            |  |
| <sub>i.</sub> 1/1/2014  |   |   | · · · · · · · · · · · · · · · · · · ·         |                            |  |
| (Date first transacted busines<br>(Sec sections 605.0904 & 605.0  | ss in Florida, if prio<br>1905, F.S. to determ      | to registration.)<br>ne penalty liability)                        |   |                            |  |
| 330 COCOPLUM ROAD   |   |   |   |                            |  |
| CORAL GABLES, FL 33143  |   |   | 26  | ***                        |  |
| ·   | dress of Principal O                                | Tive)   |   | . 1                        |  |
| 330 COCOPLUM ROAD   | ····  |   |   |                            |  |
| CORAL GABLES, FL 33143  |   |   |   |                            |  |
| · (N  | Aailing Address)                                    |   | ′   |                            |  |
| 7. The name, title or capacity and address of the p   | person(s) who                                       | nas/have authority t  | o manage is/a                                 | re: o                      |  |
| STEVEN ROTTER, 330 COCOPLU  | IM ROAD,  | CORAL GABL  | ES, FL 3                                      | 3143                       |  |
| President   |   |   |   |                            |  |
| VILS. d.w.  |   |   |   |                            |  |
| ı   |   |   |   |                            |  |
|   | .1 0  |   | 1 12 4 4 6 .                                  | (1 <u>- 60</u> 1.          |  |
| 8. Attached is an original certificate of existence, reasoning custody of records in the jurisdiction under   |   |   |   |                            |  |
| acceptable. If the certificate is in a foreign language   |   |   |   |                            |  |
| must be submitted)  | )   |   |   |                            |  |
| Signature   | of an authorize                                     | d person  |   |                            |  |
| (In accordance with section 605.0203, F.S., the execution of this documen<br>am aware that any faise information submitted in a document to the Depar | t constitutes an affirm<br>funent of State constitu | ttion under the penalities of p<br>tes a third degree felony as p | erjury that the facts<br>rovided for in s.817 | ывиса петен<br>.155, F.S.) |  |

STEVEN ROTTER

Typed or printed name of signee

### 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.

|                | of the Limited Liability Company is:  RIPE LICENSING LLC               |  |             |
|----------------|--|--|-------------|
| If unavailable | the alternate to be used in the state of Florida is:                   |  | <del></del> |
| 2. The name a  | and the Florida street address of the registered agent and office are: |  |             |
|                | (Name)   | -  |             |
|                | 330 COCOPLUM ROAD  | Can.   | ز<br>(د:    |
|                | Florida Street Address (P.O. Box NOT ACCEPTABLE)                       |  | 7.58        |
|                | CORAL GABLES, FL 33143   |  |             |
|                | City/State/Zip   | A STATE OF THE STA | 4 b         |

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 605, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

## Delaware

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#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PINSTRIPE LICENSING 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 TWENTY-FIRST DAY OF FEBRUARY, A.D. 2014.

4872331 8300

140195691

AUTHENT CATION: 1153031

DATE: 02-21-14

You may verify this certificate online at corp.delaware.gov/authver.shtml