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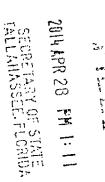
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COVER LETTER

	tration'Section on of Corporations						
SUBJECT: _	Chicha	nella Name of Limit	Bella ted Liability Compan	Swir	n wear	LLC	
The enclosed "A Existence, and	Application by Foreign Limited check are submitted to register the	Liability Con ne above refe	npany for Authoriz	ation to Tra	nsact Business company to tra	in Florida," Certi ansact business ir	ficate of Florida
Please return al	l correspondence concerning thi	s matter to the	e following:				
	CARA	<u> </u>	LEWIS Name of Person				
	Chiche	anella	Bella Su Firm/Company	wimwe	ear Ll	<u>_C</u>	
			ling Ridg Address	_		15 P. 21	entering about
		Lithia	F L State and Zip Code	3354	1 7	, , , , , , , , , , , , , , , , , , ,	in the second of
		Oityit	Chi ha			COM =	
For further infor	rmation concerning this matter, p	lease call:					
	Cara M. Lea Name of Contact Perso	wis	at (<u>610</u> Area Code	_) <u>83(</u>	time Telephone	Number	
Divisio Registr P.O. Bo	ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314	Division Registr Clifton 2661 E	ET ADDRESS: on of Corporations ration Section Building executive Center Ci assee, FL 32301	rcle			
	check for the following an 5.00 Filing Fee \$130.00 F Certificate		□ \$155.00 Filir Certified Co	-		ling Fee, Certificate Copy	ıte

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:
1. Name of Foreign Limited Liability Company; must include "Limited Liability Company," L.L.C." or "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. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")
2. DELAWARE 3. 270475899 (Jurisdiction under the law of which foreign limited fiability (FEI number, if applicable)
company is organized)
4. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 5204 Sanderling Ridge Drive
5. 5204 Sanderling Ridge Drive Lithia FL 33547 (Street Address of Principal Office)
6. 5204 Sanderling Ridge Drive 5 201
Lithia FL 33547
- Control of the Co
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Cara Lewis, President
5204 Sanderling Ridge Drives
5204 Sanderling Ridge Drives Lithia FL 33547
8. 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)
Cara M. Lewi
Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true 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.)
Cara M. Lewis
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.

1. The name of	the Limited Liability Company	y is:		
	Chichanella	Bella	Swimwear	LLC
If unavailable, tl	he alternate to be used in the st	ate of Florida	a is:	
2. The name and	d the Florida street address of	the registered	agent and office are:	2014 APR 20 SECRE SANY TALLAHASSE
	Cara M. Le	wis		高
		(Name)		
	5204 San	derling s (P.O. Box Dit	Ridge Driv DT ACCEPTABLE)	<u>680</u> 12
	Lithia	FL	33547	
		City/State/Zip		
liability company registered agent statutes relating	ned as registered agent and to o v at the place designated in this and agree to act in this capacit to the proper and complete per ttions of my position as register	certificate, I ty. I further a formance of n	hereby accept the appo gree to comply with the ny duties, and I am fam	intment as provisions of all iliar with and
_	Care M.	Lewi		
	(Signatur	e)		
	\$ 100.00 1	Filing Fee for	r Application	

\$ 25.00 Designation of Registered Agent

Certificate of Status (optional)

\$ 30.00 Certified Copy (optional)

\$

5.00

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CHICHANELLA BELLA SWIMWEAR, 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 FIFTEENTH DAY OF APRIL, A.D. 2014.

4706643 8300

140464508

AUTHENTY CATION: 1294971

DATE: 04-15-14

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