M14000003509

(Requestor's Name) (Address)	
(Address)	9
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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SECRETARY OF STATE
FALL-AHASSEE, FLORIN





ON SERVICE COR	M P A N Y						
		ACCOUNT	r no.	:	12000000	195	
		REFE	RENCE	:	139551	4370126	
	Ī	AUTHORIZA	ATION	:	Levels!	Renan	
		COST I	LIMIT	:	\$ (125.00	When I	
ORDER DATE	E : May	, 19, 201	.4				
ORDER TIME	E : 8:	:52 AM					
ORDER NO.	: 139	9551-005					
CUSTOMER 1	10:	4370126					٠
		FORE	IGN FI	LIN	<u>GS</u>		
NAN	1E :	LOEWE LI	ıC				
XXXX QUAI	LIFICATI	ON (TY	PE: <u>LL</u>	<u>i</u>)			
PLEASE RET	TURN THE	: FOLLOWI	NG AS	PRO	OF OF FIL	ING:	
XX PI				NDI	NG		
CONTACT PE	erson:	Emily Gr	ay	EXT	# 62925		

EXAMINER:

COVER LETTER

TO:

Registration Section

Division of Corporation	ons
SUBJECT:	LOEWE LLC
	Name of Limited Liability Company
	oreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of the test to register the above referenced foreign limited liability company to transact business in Florid
Please return all correspondence	concerning this matter to the following:
	MARJORIE KIPP
	Name of Person
LVN	MH Moet Hennessy Louis Vuitton Inc.
	Firm/Company
	19 East 57th Street
#14 Latest (01-1-14) (-0.17) (Address
,	NEW YORK, NEW YORK 10022
	City/State and Zip Code
	Marjorie.Kipp@lvmhny.com
	E-mail address: (to be used for future annual report notification)
or further information concerning	ng this matter, please call:
Marjorie Ki	ipp, Paralegal at 212 931 2725
	of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the	
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy



May 22, 2014

CSC

ATTN: EMILY GRAY

SUBJECT: LOEWE MIAMI LLC Ref. Number: W14000032335

RESUBMIT

Please give original submission date as file date.

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

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return 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.

Tim Burch Regulatory Specialist II

Letter Number: 814A00011117



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:
LOEWE LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
LOEWE MIAMI 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.} 30-0798507
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)
\mathcal{O}^{r_1} \longrightarrow \mathcal{V}
5. LOEWE LLC, c/o LVMH Moet Hennessy Louis Vuttion Inc.
19 East 57th Street, New York, NY 10022
(Street Address of Principal Office)
6. LOEWE LLC, c/o LVMH Moet Hennessy Louis Vuitton Inc.
19 East 57th Street, New York, NY 10022
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
LISA MONTAGUE, MANAGER, 19 EAST 57TH STREET, NEW YORK, NY 10022
MANUEL SERRANO MUNOZMANAGER, 19 EAST 57TH STREET, NEW YORK, NY 10022
MAURICIO XAVIER SOLODUJIN MANAGER, 19 EAST 57TH STREET, NEW YORK, NY 10022
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) 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. 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.)
LOUISE FIRESTONE
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	of the Limited Liability (Company is:		
If unavailable,		in the state of Florida is:		
2. The name a	and the Florida street add	dress of the registered agent and office are:	ĪĒ,	•
	Corporation Service Co	mpany		
		(Name)	I 4 MAY 21	हैं हिंद्यालयान्) ुख्याकार
	1201 Hays Street	•	المعلمة المحادثة الم المحادثة المحادثة ال	
	Florida Stre	eet Address (P.O. Box NOT ACCEPTABLE)	PM ↓: SFLOT	
	Tallahassee	32301 FL	AGE 155	· heterig #P
		City/State/Zip		

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.

Corporation Service Corporary

Assistant Vice President

(Signature)

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

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that I am the Authorized	Person ∑ _{cr}	
of LOEWE_LLC		IL MAY 2
(Name of Limited Liability Company)	· · · · · · · · · · · · · · · · · · ·	17 2
a limited liability company duly organized and existing under the	laws of E	
the state of Delaware	TO TO	H
(State or Country of Organization)	DAIE	<u>.</u>
Because the name of this foreign limited liability company does in		ະກ
requirements of the s. 605.0112, F.S., the limited liability comparation	ny hereby adopts th	ie
following name to transact business in the state of Florida:		
LOEWE MIAMI LLC		
(Name to be used by limited liability company in Florida. NOTE: Name must contain Company. L.L.C., or LLC.)	Limited Liability	 '
Messing	5/20/2014	`
Signature Authorized Person	Date	

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "LOEWE 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 NINETEENTH DAY OF MAY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LOEWE LLC" WAS FORMED ON THE FIRST DAY OF OCTOBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE

NOT BEEN ASSESSED TO DATE.

14 MAY 21 PH 4: 15

5407832 8300

140657069

AUTHENTY CATION: 1382367

DATE: 05-19-14

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