

COVER LETTER

.

TO: Registration Section Division of Corporations

~.

1

SUBJECT:

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Floride," 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:

Name of Person	
Lenter New York Outlet, Inc.	5
Pirm/Company	
330 West 34th Street, 6th Floor	SE SE
Address	E SE
New Yark, NY 10001	and the
City/State and Zip Code	11日間

tmegaldi@nyandcompany.com

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call;

Thomas V. Magaldi		2)2 (at ()	8 <mark>84-2</mark> 130
Name of Co	ontact Person	Area Code	Daytime Tcicphone Number
MAILING ADDRESS: Division of Corporations			REAT ADDRESS: vision of Corporations
Registration Section			gistration Section
P.O. Box 6327			Ifton Building
Talinhassoo, FL 32314		2561 Executive Center Circle , Tallabassee, PL 32301	
Enclosed is a check for the following	amotiat:		
	\$130.00 Filing Fee & ertificate of Status	Certified Copy	ee & D \$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 & SUBMITED TO RECEISTER A FOREGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Lerner New York Outlet, LLC

Massachusetts

(Name of Foreign Limited Liebility Company; must include "Limited Liability Company," "LLC," or "LLC.")

OU. 100 (....

(Zip code)

(If name unaveilable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Limbility Company," "L.L.C," or "I.L.C.")

2.	3. 44	· • > + 661 1
(Jurisdiction under the law company is organized)		(PEl number, if applicable)
4. 08-07-2		
	(Date first transacted business in Florids, if prior to re (See sections 605.0904 & 605.0905, F.S. to determine pr	gistration.) maity liability)
5. 330 WEST 34th STRI	BBT, 6th Floor, NY, NY 10001	
	(Street Address of Principal Office)	
6. 330 WEST 34th STRB	BT, 6th Floor, NY, NY 10001	্ৰান্থ ক
	(Malling Address)	
7. Name and street addres	a of Florida registered agent: (P.O. Box NOT acceptabl	
Name:	C T Corporation System	
Office Address:	1200 South Pine Island Road	i i i
	Plantation	Fiotida 33324
	(Ola)	(Tin anda)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the oppointment as registered egent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

8. The name, title or canacity and address of the person(s) who has/have authority to manage is/are:

(City)

330 West 34 St New York NY 10001 Shcamus 310 Wast 744 St ontroller 330 West 34#St. New York NY roous Rotaer Scoretern

9. Attached is a certificate of existence, no more than 90 days old, duly suthenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Signature of an enthorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am sware that any false information submitted in a document to the Department of State constitutes a third degree falony as provided for in s.817.155, F.S.

heemus (
Typed or printed ni	engit to em	

PLOST - SWIDIS Wehner Klower Goline

8/26/2015 1:38:18 PM From: To: 8506176383(4/4)



William Francis Galvin Secretary of the Commonwealth

The Commonwealth of Massachusetts Secretary of the Commonwealth State Rouse, Boston, Massachusetts 02188

August 21, 2015

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

LERNER NEW YORK OUTLET, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on August 7, 2015.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: NONE

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: CHRIS CONSI, SHEAMUS TOAL, ADAM RATNER

The names of all persons authorized to act with respect to real property listed in the most recent filing are: CHRIS CONSI, SHEAMUS TOAL, ADAM RATNER



In testimony of which,

I have hereunto affixed the Great Seal of the Commonwealth on the date first above written.

anino Gelecin

ភា

AUG

26

2

يې دم

Secretary of the Commonwealth

Processed By:sam