(Requestor's Name) (Address)	000277023980
(Address) (City/State/Zip/Phone #)	09/28/1501023008 **125.00
(Business Entity Name) (Document Number) ertified Copies Certificates of Status	FILED SECRETARY OF TALLAHASSEE, F
Special Instructions to Filing Officer:	FLORIDA
Office Use Only	

. I

TO: Registration Section Division of Corporations SUBJECT: The Designer Consigner LLC SUBJECT: The enclosed "Application by Poreign Limited Liability Company for Authorization to Transact Business in Florida," Cert Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Please return all correspondence concerning this matter to the following: Marcie Myerow Name of Person 9124 Coconut Isle Drive Address Fort Lauderdale FL 33301 City/State and Zip Code dean.myerow@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 391-7714 Dean Myerow at (914 Area Code) 391-7714 Daytime Telephone Number MILLING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STEET ADDRESS: Division of Corporations Registration Section Cificho Building 2661 Executive Center Circle Tallahassee, FL 32314		# * .	C	OVER LETTER	
10: Report autor Section Division of Corporations SUBJECT: The Designer Consigner LLC Name of Limited Liability Company The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certi Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Please return all correspondence concerning this matter to the following: Marcie Myerow		¥.		.	
SUBJECT:	TO:	Registration Section Division of Corporation	15 4		
Name of Limited Liability Company The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certi Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Please return all correspondence concerning this matter to the following: Marcie Myerow Marcie Myerow State and Check are submitted to register the above referenced foreign limited liability company to transact business in Please return all correspondence concerning this matter to the following: Marcie Myerow State and Person Address Fort Lauderdale FL 33301 City/State and Zip Code dean.myerow@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Dean Myerow at (Area Code) Mane of Contact Person 391-7714 Daytime Telephone Number STREET ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: Enclosed is a check for the following amount:	SUBJE	ANT	*		
Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Please return all correspondence concerning this matter to the following: Marcie Myerow Name of Person 324 Coconut Isle Drive Address Fort Lauderdale FL 33301 City/State and Zip Code dean.myerow@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 391-7714 Dean Myerow at (914 391-7714 Marce Gode STREET ADDRESS: Division of Corporations STREET ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: Enclosed is a check for the following amount:		,		f Limited Liability Co	ompany
Marcie Myerow Name of Person Firm/Company 324 Coconut Isle Drive Address Fort Lauderdale FL 33301 City/State and Zip Code dean.myerow@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Dean Myerow Name of Contact Person at (214 Area Code Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount:	The enc Existen	closed "Application by For ce, and check are submitte	eign Limited Liability Con d to register the above refe	npany for Authorization renced foreign limited	on to Transact Business in Florida," Certifica d liability company to transact business in Fl
Name of Person Firm/Company 324 Coconut Isle Drive Address Fort Lauderdale FL 33301 City/State and Zip Code dean.myerow@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Dean Myerow at (Area Code) Output Mame of Contact Person at (Area Code) Optimie Telephone Number MAILING ADDRESS: Division of Corporations Registration Section Privision of Corporations Regis	Please r	eturn all correspondence of	concerning this matter to th	e following:	
Firm/Company 324 Coconut Isle Drive Address Fort Lauderdale FL 33301 City/State and Zip Code dean.myerow@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Dean Myerow at $\begin{pmatrix} 914 \\ Area Code \end{pmatrix}$ 391-7714 Division of Contact Person at $\begin{pmatrix} 914 \\ Area Code \end{pmatrix}$ 391-7714 Division of Corporations Registration Section Registration Section Citifon Bluilding P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Citifon Bluilding 2661 Executive Center Circle Tallahassee, FL 32301		Marcie Myerov	v		
324 Coconut Isle Drive Address Fort Lauderdale FL 33301 City/State and Zip Code dean.myerow@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Dean Myerow Matter of Contact Person at (914 Area Code Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount:]	Name of Person	•
324 Coconut Isle Drive Address Fort Lauderdale FL 33301 City/State and Zip Code dean.myerow@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Dean Myerow Mame of Contact Person at (914 Area Code Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount:					
Address Fort Lauderdale FL 33301 City/State and Zip Code dean.myerow@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Dean Myerow Address: Dean Myerow Mare of Contact Person MAILING ADDRESS: Division of Corporations STREET ADDRESS: Division of Corporations Registration Section P.O. Box 6327 V Tallahassee, FL 32314 Street Circle Enclosed is a check for the following amount:			<u> </u>	Firm/Company	
Fort Lauderdale FL 33301 City/State and Zip Code dean.myerow@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Dean Myerow at (41/4 rea Code) Mame of Contact Person at (41/4 rea Code) Matting ADDRESS: Daytime Telephone Number Division of Corporations STREET ADDRESS: Division of Corporations Street and Zip Code P.O. Box 6327 Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Enclosed is a check for the following amount: Enclosed is a check for the following amount:		324 Coconut Is	le Drive		
City/State and Zip Code dean.myerow@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Dean Myerow Dean Myerow at (Address	
dean.myerow@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Dean Myerow 914 Mame of Contact Person 391-7714 Daytime Telephone Number MAILLING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount:		Fort Lauderdal	e FL 33301		
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Dean Myerow 914 Name of Contact Person 391-7714 Daytime Telephone Number MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount:			City/	State and Zip Code	
For further information concerning this matter, please call: Dean Myerow at (914 391-7714 Name of Contact Person at (Area Code Daytime Telephone Number MAILING ADDRESS: Division of Corporations Division of Corporations Registration Section P.O. Box 6327 Division of Corporations Tallahassee, FL 32314 Z661 Executive Center Circle Tallahassee, FL 32314 Enclosed is a check for the following amount:		dean.myerow@g	mail.com	,	
Dean Myerow at (914) 391-7714 Name of Contact Person Area Code Daytime Telephone Number MAILING ADDRESS: Division of Corporations Division of Corporations Registration Section Image: Contact Person Division of Corporations P.O. Box 6327 Image: Contact Person Division of Corporations Tallahassee, FL 32314 Zefo1 Executive Center Circle Enclosed is a check for the following amount: Enclosed is a check for the following amount:			E-mail address: (to be us	ed for future annual re	eport notification)
at () Name of Contact Person Area Code Daytime Telephone Number MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount:	For furt	her information concernin	g this matter, please call:		
Name of Contact PersonArea CodeDaytime Telephone NumberMAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301Enclosed is a check for the following amount:Enclosed is a check for the following amount:		Dean Myerow		914	391-7714
Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301Tallahassee, FL 32301		Name o	of Contact Person	,	Daytime Telephone Number
Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301Enclosed is a check for the following amount:Enclosed is a check for the following amount:		MAILING ADDRESS:		S	STREET ADDRESS:
P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount:		Division of Corporations		I	Division of Corporations
Tallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301Enclosed is a check for the following amount:			1		
Enclosed is a check for the following amount:			¢.		
		1 allanassee, FL 32314			
🖬 \$125.00 Filing Fee 🛛 \$130.00 Filing Fee & 🖓 \$155.00 Filing Fee & 🖓 \$160.00 Filing Fee. Certific			ing amount:		
Certificate of Status Certified Copy of Status & Certified Copy	Enclose				

-

.

.



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 30, 2015

MARCIE MYEROW 324 COCONUT ISLE DRIVE FORT LAUDERDALE, FL 33301

SUBJECT: TDC LEGACY LLC Ref. Number: W15000065058

We have received your document for TDC LEGACY 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):

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).

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.



www.sunbiz.org

Division of Corporations - P.O. BOX 6397 Tallahassee Florida 39314

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:

, The Designer Consigner LLC

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

TDC Legacy 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.")

Federal EIN 27-2863262

(FEI number, if applicable)

(Zin code)

2 NY	3
(Jurisdiction under the law of which foreign limited liability company is organized)	Э.

4. ^{n/a}

(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 324 Coconut Isle Drive

Fort Lauderdale FL 33301

	(Street	Address	of Principal	Office)

6. <u>324 Coconut Isle Drive</u>

Fort Lauderdale FL 33301

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:	Dean Myerow	_
Office Address:	324 Coconut Isle Drive	_
	Fort Lauderdale	Florida ³³³⁰¹

Registered agent's acceptance:

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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith 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.

Dem	a	My	m	
(Register	ed agent'	s signature)		

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

(City)

Marcie Myerow

324 Coconut Isle Drive

Fort Lauderdale FL 33301

9. Attached is a 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. (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 perso

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Marcie Myerow

State of New York Department of State } ss:

I hereby certify, that THE DESIGNER CONSIGNER LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/14/2010, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Biennial Statement was filed 06/19/2012.

A Biennial Statement was filed 06/04/2014.

I further certify, that no other documents have been filed by such Limited Liability Company.



Witness my hand and the official seal of the Department of State at the City of Albany, this 30th day of September two thousand and fifteen.

Autory Sicilina

Anthony Giardina Executive Deputy Secretary of State

201510010371 * PT