# M10000000 43a

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



800279960678

01/04/16--01009--027 \*\*160.00

2016 JAN 15 AN 10: 53

JAN 19 2016 J. HARRIS

### **COVER LETTER**

то:	Registration Section ' Division of Corporations				
SUBJE	I&J APPAREL LLC				
SUDJE	Name of Limited Liability Com	pany			
	sed "Application by Foreign Limited Liability Company for Authorization and check are submitted to register the above referenced foreign limited I				
Please r	arn all correspondence concerning this matter to the following:				
	PHILLIP STERN				
	Name of Person				
	PHILLIP M STERN AND COMPANY				
	1901 51ST STREET STE 1A				
Address					
	BROOKLYN, NY 11204				
	City/State and Zip Code				
	ARI@PSTERNANDCO.COM				
	E-mail address: (to be used for future annual repo	ort notification)			
For furt	information concerning this matter, please call:				
	ARI MIESELS 718 2	232-0770			
	Name of Contact Person Area Code	Daytime Telephone Number			
	bivision of Corporations  egistration Section  O. Box 6327  Cli allahassee, FL 32314  Division of Corporations  Reg	REET ADDRESS: vision of Corporations gistration Section fton Building 61 Executive Center Circle llahassee, FL 32301			
Enclose	s a check for the following amount:  \$ \$125.00 Filing Fee \$\Bigcup \$130.00 Filing Fee & \$\Bigcup \$155.00 Filing Fee Certificate of Status \$\Bigcup \$Certified Copy\$	ee & \$160.00 Filing Fee, Certificate of Status & Certified Copy			



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 5, 2016

PHILLIP M STERN AND COMPANY 1901 51ST STREET STE 1A BROOKLYN, NY 11204

SUBJECT: I&J APPAREL LLC Ref. Number: W16000000303

We have received your document for I&J APPAREL LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

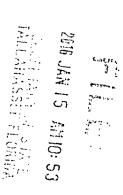
You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 916A00000175



### 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:

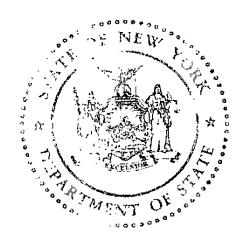
			1 71 1			
i name unavanable, enter a iability Company," "L.L.C,	Iternate name adopted for the purpose "or "LLC.")	e of fransacting business in Flori	ia. The alternate	name mus	i include	"Limit
NEW YORK		3. 47-1564908				
(Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable company is organized)				able)		
	(Date first transacted busine (See sections 605.0904 & 605.	ss in Florida, if prior to registrati 0905, F.S. to determine penalty l	on.) iability)			
118P EDISON CT	•		• •			
MONSEY, NY 10952						
· ·	(Street Address of P	rincipal Office)				
118P EDISON CT						
MONSEY, NY 10952				<u></u> \$0	F-3	
	(Mailing A	Address)			<u>ت</u>	C.01 -
. Name and street address	ss of Florida registered agent: (P.	O. Box NOT acceptable)		11		egyes ann a
Name:	IDO MAGORI			60 °.	<u></u>	The second
Office Address:	20951 NE 24TH AVE				Mariana Ma Mariana Mariana Ma Mariana Ma Ma Mariana Mariana Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma	
	MIAMI	Florid	a 33180		다	
	(City)	, i lond	(Zip code)		ယ	
esignated in this applica	gistered agent and to accept serv tion, I hereby accept the appoints ons of all statutes relative to the p my position as registered agent.	ment as registered agent and	agree to act in	this capa	icity. 1	furthe
	(Registe					
ccept the obligations of l						
ccept the obligations of the control	acity and address of the person(s)	who has/have authority to ma	nage is/are:			
The name, title or capalamar Magori - Me	acity and address of the person(s)	who has/have authority to ma	nage is/are:			
3. The name, title or capa tamar Magori - Me	acity and address of the person(s)	who has/have authority to ma	nage is/are:		_	
3. The name, title or capa tamar Magori - Me	acity and address of the person(s)	who has/have authority to ma	nage is/are:		<u> </u>	
3. The name, title or capa tamar Magori – Med 62 44TH STREET 2ND  Attached is a certificate	acity and address of the person(s)  M bec  FLR BROOKLYN, NY 11232  of existence, no more than 90 day of which it is organized. (If the ceubmitted)	ys old, duly authenticated by t	he official hav			
3. The name, title or capatamar Magori – Medical Attached is a certificate risdiction under the law	of existence, no more than 90 day of which it is organized. (If the ce ubmitted)	ys old, duly authenticated by t	he official hav			
3. The name, title or capatamar Magori – Mediamar Magori – Mediama	of existence, no more than 90 day of which it is organized. (If the ce ubmitted)	ys old, duly authenticated by the rtificate is in a foreign langual way when the result of an authorized person	he official hav ge, a translatio	on of the co	ertificate	e unde
3. The name, title or capatamar Magori – Medical Attached is a certificate risdiction under the law of the translator must be such is document is executed	of existence, no more than 90 day of which it is organized. (If the ce ubmitted)	ys old, duly authenticated by the rtificate is in a foreign langual way of an authorized person 203 (1) (b), Florida Statutes.	he official hav ge, a translation	any false	ertificate	e under

Typed or printed name of signee

Itamar Magori

# State of New York Department of State } ss:

I hereby certify, that I&J APPAREL, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 08/12/2014, and that the Limited Liability Company is existing so far as shown by the records of the Department.



\*\*\*

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 15th day of December two thousand and fifteen.

Covering Statesman

Executive Deputy Secretary of State