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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please?

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Foreign	Limited	Liability	Company
	Now A	von IIC	

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FEB'18 2016 BRUCE 1.

2/17/2016 9:28:23 AM From: To: 8506176383(2/4)

COVER LETTER

		C	AER TELLER			
	Registration Section Division of Corporation	ns				
SUBJECT	New Avon LLC					
		Name of	Limited Liability Company	· · · · · · · · · · · · · · · · · · ·	_	
The enclose Existence,	sed "Application by Fo , and check are submitt	reign Limited Liability Comed to register the above refer	pany for Authorization to Trenced foreign limited liabili	ransact Business in Florida ly company to transact bus	," Certificate o iness in Florid	of la.
Please retu	urn all correspondence	concerning this matter to the	c following:			
	Karen Leu					
		٨	lame of Person		-	
	New Avon LL	C				
		F	irm/Company			
	777 Third Ave	nue				
			Address			
	New York, N	10017		ALLA	3116	7
		•	State and Zip Code	HE ASS	FEB 17 A	
	Karren.	Leve of Avon	Com d for luture annual report no	ification)		7
For further		g this matter, please call:	a isi isimo amada reportim		ې د	
		•	>		50	
Ŀ	LOBNA -	CEMUIE of Contact Person	at (3/L) 2 Area Code Da	ytime Telephone Number	-	
D R P.	MAILING ADDRESS: fivision of Corporations egistration Section .O. Box 6327 allahassee, FL 32314		STREE Division Registra Clifton F 2661 Ex	T ADDRESS: of Corporations tion Section		
Enclosed is □	s a check for the follow I \$125.00 Filing Fee	ring amount: \$\int \text{\$\frac{1}{2}\$} \text{\$\frac{1}{2}\$} \text{\$0.00 Filing Fee & Certificate of Status}	□ \$155.00 Filing Fee & Certified Copy	□ \$160.00 Filing Fee, Cof Status & Certified Co		

2/17/2016 9:28:23 AM From: To: 8506176383(3/4)

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 TRANSACTER/SINESS IN THE STATE OF FLORIDA:

New Avon LLC	SINESS IN THE STATE OF PLORIDA:
(Name of Fore	ign Limited Liability Company; most include "Limited Liability Company," "L.L.C.," or "L.L.C.,")
Jability Company," "L.I., C."	ternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited" or "LLC.")
Delaware	3
(Jurisdiction under the law e company is organized)	of which foreign limited liability (FEI number, if applicable)
H	
	(Date first transacted business in Florida, it prior to registration.) (See sections 605,0904 & 605,0905, P.S. to determine penalty liability)
·	(
7	1 A
77) The	Vol Avenue (Street Address of Principal Office)
Mer Clar	k NG 10017
7500	
go Avan Iroc	duct Inc. Sole MeMber 601 Adams Asson Rye, 44 105
/	(Mailing Address)
. Name and street address	s of Florida registered agent: (P.O. Box NOT acceptable)
Name:	CT Corporation System
Office Address:	1200 South Pine Island Road
Office Madress;	Plantation 33324 502
	(City) (Zip code)
legistered agent's accept	tance:
Having been named as rep lesionated in this emplical	gistered agent and to accept service of process for the above stated limited liability compass at the place tion, I hereby accept the appointment as registered agent and agree to act in this capacity of further agree
o camplywith the provision	ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and
ecept the obligations of n	ny position as registered agent. C T Corporation System
1	By: Comin Process
	(Redistered agont's signature) Constant Sacrotory
8. The name, title or caps	icity and address of the person(s) who has/have authority to manage is/are:
Jinny Edwards, Manager,	, 777 Third Avenue, New York, NY 10017
Steve Bosson, Manager,	777 Third Avenue, New York, NY 10017
	of existence, no more than 90 days old, duly authenticated by the official having custody of records in the
urisdiction under the law of If the translator must be su	of which it is organized. (If the certificate islan a foreign language, a translation of the certificate under oath
it the translator must be so	iobiniced)
	Signature of an authorized person
his document is executed ubmitted in a document to	in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
we come in a warmingth to	
	GINNY Edwards Typed or printed name of signce

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "NEW AVON 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 FIFTH DAY OF FEBRUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 201787787

Date: 02-05-16

5907070 8300 SR# 20160627775