

(Requestor's Name)					
(Address)					
, (Address)					
, (13.133)					
(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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SUFFICIENCY OF FILING

APR 07 2016 BRUCE CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 092135 430

AUTHORIZATION : Spellele

COST LIMIT : \$\sqrt{1}25\cdot 00

ORDER DATE: April 6, 2016

ORDER TIME : 12:11 PM

ORDER NO. : 092135-005

CUSTOMER NO: 4306525

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## FOREIGN FILINGS

NAME: PRIVATE LABEL SK.IN, NA LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

## COVER LETTER

TO: 1	Registration Section Division of Corporatio	ns					
SUBJEC	Private Label Sk.in	, NA LLC					
	Name of Limited Liability Company						
The enclo Existence	sed "Application by Fo	reign Limited Liability Com ed to register the above refer	pany for Authoriz	ation to Tr ted liabilit	ransact Business in Florida," by company to transact busin	Certificate of less in Florida	
Please ret	urn all correspondence	concerning this matter to the	following:				
	Lori M. Waldro	on					
		N	lame of Person	<del>.</del>			
	Sills Cummis &	Sills Cummis & Gross P.C.					
	Firm/Company						
	One Riverfront	One Riverfront Plaza					
	Address						
	Newark, New J	ersey 07102					
		City/S	tate and Zip Code				
	lwaldron@sillscu	ımmis.com					
	<del></del>	E-mail address: (to be use	d for future annua	report no	tification)		
For further	r information concerning	g this matter, please call:					
1	ori M. Waldron		973 at (	643-51			
_	Name o	f Contact Person	Area Code	Day	rtime Telephone Number		
D R P	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section suilding ecutive Center Circle see, FL 32301		
	s a check for the follow \$125.00 Filing Fee	ing amount:  \$\sum \\$130.00 \text{ Filing Fee & Certificate of Status}\$	☐ \$155.00 Filin Certified Copy		☐ \$160.00 Filing Fee, Ce of Status & Certified Cop		

## 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

	ALLO	
1. Private Label Sk.in, NA	vign Limited Liability Company; must include "Limited Li	ability Company " " 1 C " or " T C "
(111110 012 011	organ Darwood States in the Company, music montage Darmood States in the Company	ability Company, L.E.C., of Lize.
Liability Company," "L.L.C,	ternate name adopted for the purpose of transacting busine or "LLC.")	ess in Florida. The alternate name must include "Limited
2. Delaware	3. 81-2008431	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)
4	Upon filing	
	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to determine	to registration.) ne penalty liability)
5. 275 Madison Ave., Su	ite 1618	
New York, NY 10016		
<del></del>	(Street Address of Principal Office)	
6. 7205 30th Ave N, St.		
Petersburg, FL 33710		
	(Mailing Address)	
7. Name and street address	s of Florida registered agent: (P.O. Box NOT accept	etable)
Name:	Corporation Service Company	_
Office Address:	1201 Hays Street	
	Tallahassee	, Florida 32301 (Zip code)
•	(City)	(Zip code)
this application, I hereby a	gistered agent and to accept service of process for th accept the appointment as registered agent and agro statutes relative to the proper and complete perform	ance of my duties, and I am familiar with and accept
	By:_	Courtney Williams
	(Registered agent's signature)	Asst. Vice President
8. The name, title or capa	city and address of the person(s) who has/have autho	rity to manage is/are:
	Member, 275 Madison Ave., Suite 1618, New York,	
	e., Suite 1618, New York, NY 10016; (c) Steven Ax	<del></del>
1618, New York, NY 100	16; (d) David Baum, Member, 275 Madison Ave., S	uite 1618. New York, NY 10016
(e) Steven Lyle, Member, 9. Attached is a certificate	275 Madison Ave., Suite 1618, New York, NY 100 of existence, no more than 90 days old, duly authention which it is organized. (If the certificate is in a forei	
	Signature of an authorized perso	
	Signature of an authorized perso	n .
This document is executed submitted in a document to	in accordance with section 605.0203 (1) (b), Florida the Department of State constitutes a third degree fel	Statutes. I am aware that any false information ony as provided for in s.817.155, F.S.

Typed or printed name of signee

Richard L. Baum, Jr.

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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PRIVATE LABEL SK.IN, NA 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 SIXTH DAY OF APRIL, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRIVATE LABEL SK.IN, NA LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF MARCH, A.D. 2016.

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

Authentication: 202102629

Date: 04-06-16

5996444 8300 SR# 20162110005