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M. MILLIGAN MAY 2 3 2017

COVER LETTER

TO: Registration Division of C		ns		
SUBJECT:		Fekkai Re	tail, LLC	
		Name of	Limited Liability Company	
				ransact Business in Florida," Certificate of ty company to transact business in Florida
Please return all corre	spondence (concerning this matter to the	following:	
		Beatriz Kon	tis	
		N	ame of Person	
	1	Fekkai Bran	nds LLC	
		F	irm/Company	
		6825 W.S	unrise Blva	<u>L</u> .
			Address	
		Plantation City/S	FC 333 tate and Zip Code	13
			Ekkai.com	
		E-mail address: (to be use	d for future annual report no	tification)
For further information	on concernin	g this matter, please call:		
Beatr	Name o	of Contact Person	at (305) 76 Area Code Da	25 - 219 7 ytime Telephone Number
MAILING ADDIVISION of C Registration P.O. Box 63: Tallahassee,	Corporations Section 27	i. S	STREE Division Registra Clifton I 2661 Ex Tallahas	T ADDRESS: of Corporations tion Section
Enclosed is a check for	or the follow	ving amount: \$ 499.7	-5-	
□ \$125.00 F	iling Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	■ \$160.00 Filing Fee, Certificate of Status & Certified Copy
				+ \$500 Penalty
				+ 4138.75 Annue Repr

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. (Name of Foreign Limited Liability Company) must include "Limited Limitity Company," "L.C." or "LC." or "LC.		TION 605.0902, FLORIDA STATUTES, THE I SINESS INTHE STATE OF FLORIDA:	FOLLOWING IS SUBMITTED TO	O REGISTER A FOREIG	N LIMITED LIABILITY
2. (User distribution under the law of which it is organized) 3. (Unit industrial ballety occurrent) so expension 4. (Use first in manufaction in Parists, If prior to predictions) 5. (ASS W. S.W. If S. B. W. S.W. If S. B. B. W. S. B. B. B. W. S. B. B. W. S. B. B. W. S. B. B. B. W. S. B. B. B. W. S. B. B. B. B. B. W. S. B.	1. (Name of Foreign I	Fekkai Refail	led Lifelility Company," LL.C.,"	π"LC!")	
(Date relimental collections of the period o	(If name unavailable, enter afternate as	me adopted for the purpose of transacting business in F	lorida. The alternate name must include "	Limited Liability Company, " "	.L.C." @ "LLC.")
Signate Address of Florida registered agent: (P.O. Box NOT acceptable) Name: NRAI Services, Inc. Office Address: 1200 South Pine Island Road Plantation Plan	2. New (Jurisdiction water the law of wh	Wwk	3. 01-17	(PEI cumber, If applicable)	
Plan Hatrion FL 33313 Plan Hatrion F2 33213 Plan Hatrion F2 33213 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: NRAI Services, Inc. Office Address: 1200 South Pine Island Road Plantation , Florida 33324 City	4. <u>Jan</u>	(Date first transacted business in Florids, if prior b (See sections 605.0904 & 605.0903, F.S. to determ	o registration.) nine penalty liability)		
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: NRAI Services, Inc. Office Address: 1200 South Pine Island Road Plantation Plantation Plantation (City)	5. 6825 W	Sunrise Blud	6. 6825	W. Sunri	SCBIUD.
Name: NRAI Services, inc. Office Address: 1200 South Pine Island Road Plantation , Florida 33324 (City) (City) (City) 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 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. NRAI Services. Inc. By: NRAI Services. Inc. Registered agent 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. NRAI Services. Inc. NRAI Services. Inc. NRAI Services. Inc. NRAI Services. Inc. Name and Address: Name and Add	Plantat	ion FL 33313	Planta	tion Fz 3	33343
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Title or Capacity: Name and Address: Name and Add		(Registered spant	signature) Natalie Leiba-Pa	ui - Assistant Secr	etary
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Joel B. Ronkin CEO Typed or printed marrie of signee	outhing in a document to	Joe 7			3.

State of New York Department of State } ss:

I hereby certify, that FEKKAI RETAIL, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 08/18/2015, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Certificate of Publication of FEKKAI RETAIL, LLC was filed on 10/21/2015.

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 23rd day of February two thousand and seventeen.

Brendan W. Fitzgerald Executive Deputy Secretary of State

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DIVISION OF CORFORATIONS
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