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D. SCOTT AUG 2 2017

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 747747 4354503

AUTHORIZATION

COST LIMIT : ()\$ 125.00

ORDER DATE : July 31, 2017

ORDER TIME : 9:18 AM

ORDER NO. : 747747-015

CUSTOMER NO: 4354503

FOREIGN FILINGS

NAME: BALMAIN (USA) LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

TO:	Registration Section Division of Corporation	s					
SUBJE	BALMAIN (USA) E	LLC				_	
		Name of	Limited Liability C	Company			
The end Existence	losed "Application by Force, and check are submitted	eign Limited Liability Comp d to register the above refere	oany for Authoriza enced foreign limit	tion to Tra ed liability	insact Business in Florida company to transact bu	a," Certificate of siness in Florida.	
Please r	eturn all correspondence o	oncerning this matter to the	following:				
	FRAN ASHBY						
	Name of Person						
	C/O DLA PIPER LLP (US)						
	Firm/Company						
	1251 Avenue of the Americas						
	Address						
	New York, NY 10020-1104						
	City/State and Zip Code						
	francella.ashby@	dlapiper.com					
		E-mail address: (to be use	d for future annual	report not	ification)		
For further information concerning this matter, please call:						FIL No-	
	Fran Ashby		212 at (776-39 _)		一 而	
	Name o	f Contact Person	Area Code	Day	time Telephone Number	- 11 : 1 : 로 [©]	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassec, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		£ 57		
Enclose	ed is a check for the follow \$125.00 Filing Fee	ing amount: \$\square\$ \$\square\$ \$130.00 Filing Fee & Certificate of Status	□ \$155,00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, of Status & Certified C		

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 FOREKIN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. BALMAIN (USA) LLC	2 Limited Liability Company; must include "Limite	d Liability Company," "L.L.C." or "L.L.C.")					
(If name unavailable, enter alternate na	nine adopted for the purpose of transacting business in Flo	rida. The alternate name naust include "Limited Lia	bility Company," "L.1, C," or "Ll.C,")					
2. NEW YORK		3						
(Jurisdiction under the law of wh	ich foreign limited hability company is organized)	(FEI num	ber, if applicable)					
4. not applicable								
	(Date first fransacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determi	registration.) ine penalty liability)						
5. c/o KVB Partners, Inc.		6. c/o KVB Partners, Inc.						
(Street Address of P	•	(Mailing Address) 60 Broad Street, Suite 3502						
New York, NY 10004		New York, NY 10004						
1007 1018, 171 10007		10004						
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)						
		NOT acceptable)						
Name:	Corporation Service Company							
Office Address:	1201 Hays Street							
	Tallahassee	Florida 32301						
		, Florida 32301 (Zip cod	ke)					
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. Corporation Service Company Melissa Zender By:								
	(Registered agent's)	ngnature)	Asst. Vice President					
8. The name, title or capa <u>Title or Capacity:</u>	city and address of the person(s) who ha Name and Address:	is/have authority to manage is/are: Title or Capacity:	Name and Address:					
Managing Member	BALMAIN SA							
	44, rue François Ier 75008 Paris, France	-						
(Use attachments if necess	sary)	-	<u>්</u> ද					
9. Attached is a certificate jurisdiction under the law of the translator must be su	of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted)	duly authenticated by the official ha e is in a foreign language, a translat	ving custody of records in the ion of the certificate under oath					
submitted in a document to	ated in accordance with section 605.0203 the Department of State constitutes a thi	rd degree felony as provided for in:						
alefandra Lauvaux Signature of an authorized person								
Signature of an authorized person								
	Alexandra Lauvaux							
Typed or printed name of signee								

State of New York Department of State } ss:

I hereby certify, that BALMAIN (USA) LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/22/2015, 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 28th day of July two thousand and seventeen.

Brendan W. Fitzgerald

Executive Deputy Secretary of State

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