Division of Corporations



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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (512)418-6949 Fax Number : (954)208-0645

Fax Number : (954)208-0645

\*\*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 AGENT PROVOCATEUR INTERNATIONAL (US) LLC

Certificate of Status	0
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## COVER LETTER

IRJECT:  Name of Limited Liability Company  ne enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, instence, and check are submitted to register the above referenced foreign limited liability company to transact business return all correspondence concerning this matter to the following:    Raterina Galvan		JENT PROVOCA	VIEUR INTERNATIONAL	(US) LLC		
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, instance, and check are submitted to register the above referenced foreign fimited liability company to transact business error and check are submitted to register the above referenced foreign fimited liability company to transact business error and check are submitted to register the above referenced foreign fimited liability company to transact business error and check are submitted to register to the following:    Name of Person	IBJECT:	<del></del>	Name of I	Limited Liability C	lompany	
Agent Provocateur    Simberly Steinmetz   Name of Contact Person	io analisood # å	andication by For				nosaci Rusiness in Florida"
Name of Person	istence, and c	heck are submitte	d to register the above refere	meed foreign limit	ed liability	y company to transact busin
Name of Person  Agent Provocateur  Firm/Company  154 Clerkenwell Road  Address  London ECTR 5AB  City/State and Zip Code  katerina galvan@agentprovocateur.com  E-mail address: (to be used for future annual report notification)  or further information concerning this matter, please call:  Kimberly Steinmetz  Name of Contact Person  MAILING ADDRESS:  Division of Corporations Registration Section P.O. Box 6327  Tallahassee, FL 32314  Division of Corporations Registration Section P.O. Box 6327  Tallahassee, FL 32314  Division of Corporations Registration Section P.O. Box 6327  Tallahassee, FL 32314  Division of Corporations Registration Section P.O. Box 6327  Tallahassee, FL 32314  Division of Corporations Registration Section P.O. Box 6327  Tallahassee, FL 32300  Division of Corporations Registration Section Registration Section P.O. Box 6327  Tallahassee, FL 32314  Division of Corporations Registration Section Registratio	lease return all	correspondence c	oncerning this matter to the	following:		
Firm/Company   154 Clerkenwell Road   Address		Katerma Galva	n			
Firm/Company  154 Clerkenwell Road  Address  London ECTR 5AB  City/State and Zip Code  katerina galvan@agentprovocateur.com  E-mail address: (to be used for future annual report notification)  or further information concerning this matter, please call:  Kimberly Steinmetz  Name of Contact Person  MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314  Division of Corporations Registration Section P.O. Box 6327 Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301			Ni	ame of Person		
Address  London ECTR 5AB  City/State and Zip Code  katerina galvan@agentprovocateur.com  E-mail address: (to be used for future annual report notification)  or further information concerning this matter, please call:  Kimberly Steinmetz  Steinmetz  Name of Contact Person  MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314  Division of Corporations Registration Section P.O. Box 6327 Clinton Building Tallahassee, FL 32314  Division of Corporations Registration Section P.O. Box 6327 Clinton Building Tallahassee, FL 32301  Division of Corporations Registration Section P.O. Box 6327 Clinton Building Tallahassee, FL 32301		Agent Provoca	eur			
London ECTR 5AB   City/State and Zip Code		<del></del>	Fi	ті/Сопірапу		
London ECTR 5AB   City/State and Zip Code		154 Clerkenwe	II Road			
City/State and Zip Code  katerina galvan@agentprovocateur.com  E-mail address: (to be used for future annual report notification)  or further information concerning this matter, please call:  Kimberly Steinmetz    Name of Contact Person   Area Code   Daytime Telephone Number				Address		
E-mail address: (to be used for future annual report notification)   E-mail address: (to be used for future annual report notification)   For further information concerning this matter, please call:   Kimberly Steinmetz		London ECTR	SAB	,	· •	
E-mail address: (to be used for future annual report notification)  or further information concerning this matter, please call:    Kimberly Steinmetz			City/S	tate and Zip Code	<u></u>	
Kimberly Steinmetz   888   201-6278     Name of Contact Person   Area Code   Daytine Telephone Number		katerina galvan@	)agentprovocateur.com			
Name of Contact Person   Area Code   Daytine Telephone Number			E-mail address: (to be used	for future annual	report no	tification)
MAILING ADDRESS:  Division of Corporations Registration Section P.O. Box 6327  Tallahassee, FL 32314  Tallahassee, FL 32314  Division of Corporations Registration Section Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301	or turther infor	mation concernin	g this matter, please call:			
MAILING ADDRESS:  Division of Corporations Registration Section P.O. Box 6327  Tallahassee, FL 32314  Tallahassee, FL 32314  Division of Corporations Registration Section Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301	Kimberly Steinmetz		888	201-62	78	
Division of Corporations Registration Section P.O. Box 6327 Clitton Building Tallahassee, FL 32314 Tallahassee, FL 32314 Tallahassee, FL 32301  relosed is a check for the following amount:  \$\Bigsize \\$125.00 \text{ Filing Fee} \Bigsize \\$130.00 \text{ Filing Fee} \Bigsize \Bigsize \\$155.00 \text{ Filing Fee} \Bigsize \Bigziz	<del></del>	Name o	f Contact Person	Area Code	Day	ytime Telephone Number
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Tallahassee, FL 32314  2661 Executive Center Circle Tallahassee, FL 32301  iclosed is a check for the following amount:  \$\int \text{\$\subset\$ \$\text{\$\text{\$125.00 Filing Fee}\$} \overline{\text{\$\text{\$\$Eling Fee}\$}} \overline{\text{\$\$\$\$\$\$\$} \overline{\text{\$\$\$\$\$\$}} \overline{\text{\$\$\$\$\$}} \overline{\text{\$\$\$\$\$\$}} \overline{\text{\$\$\$\$\$\$}} \overline{\text{\$\$\$\$\$\$}} \overline{\text{\$\$\$\$\$}} \overline{\text{\$\$\$\$\$}} \overline{\text{\$\$\$\$\$}} \overline{\text{\$\$\$\$\$}} \overline{\text{\$\$\$\$\$}} \overline{\text{\$\$\$\$\$}} \overline{\text{\$\$\$\$\$\$}} \overline{\text{\$\$\$\$\$}} \overline{\text{\$\$\$\$\$}} \overline{\text{\$\$\$\$\$}} \overline{\text{\$\$\$\$}} \overline{\text{\$\$\$\$\$}}} \overline{\text{\$\$\$\$\$}} \overline{\text{\$\$\$\$\$}} \overline{\text{\$\$\$\$\$}} \overline{\text{\$\$\$\$\$}} \overline{\text{\$\$\$\$\$}} \overline{\text{\$\$\$\$\$}} \overline{\text{\$\$\$\$\$\$}} \overline{\text{\$\$\$\$\$\$}} \overline{\text{\$\$\$\$\$\$}} \overline{\text{\$\$\$\$\$\$}} \overline{\text{\$\$\$\$\$\$}} \overline{\text{\$\$\$\$\$\$}} \overline{\text{\$\$\$\$\$}} \overline{\text{\$\$\$\$\$\$}} \overline{\text{\$\$\$\$\$\$}} \overline{\text{\$\$\$\$\$\$}} \overline{\text{\$\$\$\$\$\$\$\$}} \overline{\text{\$\$\$\$\$}} \overline{\text{\$\$\$\$\$\$}} \overline{\text{\$\$\$\$\$\$}} \overline{\text{\$\$\$\$\$\$}} \overline{\text{\$\$\$\$\$\$}} \overline{\text{\$\$\$\$\$\$}} \overline{\text{\$\$\$\$\$\$}} \overline{\text{\$\$\$\$\$}} \overline{\text{\$\$\$\$\$}} \overline{\text{\$\$\$\$\$\$}} \overline{\text{\$\$\$\$\$}} \overline{\text{\$\$\$\$\$\$}} \overline{\text{\$\$\$\$\$\$}} \overline{\text{\$\$\$\$\$\$}} \overline{\text{\$\$\$\$\$\$}} \overline{\text{\$\$\$\$\$\$}} \overline{\text{\$\$\$\$\$}} \overline{\text{\$\$\$\$\$\$}} \overline{\text{\$\$\$\$\$}} \overline{\text{\$\$\$\$\$}} \overline{\text{\$\$\$\$\$}} \overline{\text{\$\$\$\$\$}} \overline{\text{\$\$\$\$\$}} \overline{\text{\$\$\$\$}} \overline{\text{\$\$\$\$\$}} \overline{\text{\$\$\$\$}} \overline{\text{\$\$\$\$}} \overline{\text{\$\$\$\$\$}} \overline{\text{\$\$\$\$}} \overline{\text{\$\$\$\$}} \overline{\text{\$\$\$\$}} \overline{\text{\$\$\$\$}} \overline{\text{\$\$\$\$}} \overline{\text{\$\$\$}} \overline{\text{\$\$\$}} \overline{\text{\$\$\$}} \overline{\text{\$\$\$}} \overline{\text{\$\$\$}} \overline{\text{\$\$\$}} \overline{\text{\$\$\$}} \text{\$\$\$						
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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	TION 603.0302. FLORIDA STATUTES, THE SIMESS IN THE STATE OF FLORITA:	E FOLLOWING IS SUBMITTED TO REGISTI	R A FOREIGN LIMITED LIÄBILITY
	UR INTERNATIONAL (US) LLC Timited Liability Critiquity, trust (February Pla	nited Liability Company, ** 37 L.C., ** or *1.LC**)	
(if siame unavailable, enter alternate na	are adopted for the purpose of transacting trustness in	Florida. The alternate name must mobile "Lunited Liali	they Company, T. L. C. Or "LLC")
2. Delaware		3	
(furniscion under the law of wh	ich (nicigii limited liability company is organized)	Minute (144)	ri, if applicable)
4,			
	(Date first transacted husiness in Florada, if you (See acctions 605 0/414 & 605 0005, F.S. to det	n to registration) armine (sonally bability)	
Street Address of Po		6. (Masling Addr	1
675 Madison Avenue	rincapal Office)	675 Madison Avenue	****
New York, NY 10065		New York, NY 10065	
7. Name and street addres	s of Florida registered agent: (P.O. E	Box NOT acceptable)	.*
Name:	C T Corporation System		· ·
	1200 South Pine Island Road		1
Office Address:			<b>\</b>
	Plantation (Cnv)	, Florida 33324	<del>,</del>
designated in this application comply with the provisionand accept the obligations	gistered agent and to accept service : tion, I hereby accept the appointmen	MUMBERY MENT	in this capacity. I further agree
8. The name, title or capa Title or Capacity;		o has/have authority to manage is/are:	Name and Address:
Manager	Charles Perez		
	675 Madison Avenue		
	New York, NY 10065		
Manager	Viviana Bromberg		1
	682 Broadway APT 4A		
	New York, NY 10012	<del></del>	
(Use attachments if necess	sary)		1
jurisdiction under the law of the translator must be su	of which it is organized. (If the certifi ibmitted)	old, daly authenticated by the official ha icate is in a foreign language, a translat	ion of the certificate under onth
10. This document is exect submitted in a document to	uted in accordance with section 605.0 the Department of State constitutes to	J203 (1) (b), Fforida Statutes, I am awar a third degree felony as provided for in	e that any false information s.817.155, F.S.
<u></u>	6	_	
_	— Sign	ature of an authorized person	
	Charles Perez	red or printed name of signer	<del></del>

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "AGENT PROVOCATEUR INTERNATIONAL (US)

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 SECOND DAY OF NOVEMBER, A.D. 2017.

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

6357419 8300

SR# 20176908571

You may verify this certificate online at corp.delaware.gov/authver.shtml

Services W. Budlack, Secretary of St.Da

Authentication: 203505986

Date: 11-02-17