

N19000008129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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19 AUG 21 AM 11:08

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TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 891955 4354475

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : August 20, 2019

ORDER TIME : 9:20 AM

ORDER NO. : 891955-005

CUSTOMER NO: 4354475

2019 AUG 21 PM 4:34
TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: TOMMY HILFIGER RETAIL, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tommy Hilfiger Retail, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

John M. Allan, Jr
Name of Person

c/o PVH Corp.
Firm/Company

200 Madison Avenue
Address

New York, NY 10016
City/State and Zip Code

john.allan@pvh.com
E-mail address: (to be used for future annual report notification)

2019 JUN 21 PM 4:34
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

John M. Allan, Jr at (212) 381-3701
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

1. Tommy Hilfiger Retail, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 20-1165913
(FEI number, if applicable)

4. 08/20/2019
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 200 Madison Avenue
(Street Address of Principal Office)

6. 200 Madison Avenue
(Mailing Address)

New York, NY 10016

New York, NY 10016

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TALLAHASSEE, FLORIDA

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

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
By: _____

Lina Qualls

(Registered agent's signature)
Tina Qualls, Asst. Secretary

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|---|--------------------------------------|---|--------------------------------------|
| <input checked="" type="checkbox"/> Manager | Name: <u>John M. Allen, Jr</u> | <input checked="" type="checkbox"/> Manager | Name: <u>Emanuel Chirico</u> |
| <input type="checkbox"/> Member | Address: <u>200 Madison Avenue</u> | <input type="checkbox"/> Member | Address: <u>200 Madison Avenue</u> |
| <input type="checkbox"/> Authorized | <u>New York, NY 10016</u> | <input type="checkbox"/> Authorized | <u>New York, NY 10016</u> |
| Person | _____ | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

| | | | |
|---|--------------------------------------|---|--------------------------------------|
| <input checked="" type="checkbox"/> Manager | Name: <u>Michelle O'Donnell</u> | <input checked="" type="checkbox"/> Manager | Name: <u>Mark D. Fischer</u> |
| <input type="checkbox"/> Member | Address: <u>200 Madison Avenue</u> | <input type="checkbox"/> Member | Address: <u>200 Madison Avenue</u> |
| <input type="checkbox"/> Authorized | <u>New York, NY 10016</u> | <input type="checkbox"/> Authorized | <u>New York, NY 10016</u> |
| Person | _____ | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

| | | | |
|---|--------------------------------------|---|--------------------------------------|
| <input checked="" type="checkbox"/> Manager | Name: <u>Jeffrey Hellman</u> | <input checked="" type="checkbox"/> Manager | Name: <u>Michael A. Shaffer</u> |
| <input type="checkbox"/> Member | Address: <u>200 Madison Avenue</u> | <input type="checkbox"/> Member | Address: <u>200 Madison Avenue</u> |
| <input type="checkbox"/> Authorized | <u>New York, NY 10016</u> | <input type="checkbox"/> Authorized | <u>New York, NY 10016</u> |
| Person | _____ | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

John M. Allen Jr
Signature of an authorized person

John M. Allen, Jr
Typed or printed name of signee

Delaware

Page 1

The First State


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TOMMY HILFIGER RETAIL, 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 TWENTIETH DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TOMMY HILFIGER RETAIL, LLC" WAS FORMED ON THE FIRST DAY OF JULY, A.D. 1991.

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

2019 AUG 21 PM 4:34
TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

2267353 8300

SR# 20196619832

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

Authentication: 203442710

Date: 08-20-19