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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

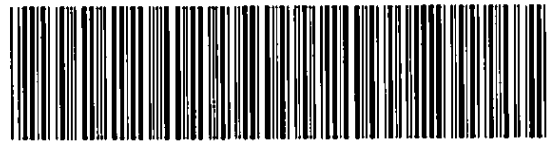
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APPROVED
AND
FILED
2021 MAR 31 PM 12:58



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202
Brumbley

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

ACCOUNT NO. : I20000000195

REFERENCE : 737848 7693376

AUTHORIZATION :

COST LIMIT :

[Handwritten Signature]
\$125.00

ORDER DATE : March 30, 2021

ORDER TIME : 9:05 AM

ORDER NO. : 737848-005

CUSTOMER NO: 7693376

FOREIGN FILINGS

NAME: THE SIMPLE SUIT COMPANY 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: Alexxis Weiland -- EXT# 61592

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Simple Suit Company 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:

Alayne F. Serle

Name of Person

The Law Offices of Alayne F. Serle

Firm/Company

30 Percheron Lane

Address

Roslyn Heights, NY 11577

City/State and Zip Code

aserle@serlelaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alayne F. Serle

516

626-3069

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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. The Simple Suit Company 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. (FEI number, if applicable)

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

5. 5853 Hamilton Way (Street Address of Principal Office) Boca Raton FL 33496
6. 5853 Hamilton Way (Mailing Address) Boca Raton FL 33496

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)

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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.

By: Amanda E. Robinson (Registered agent's signature)
Amanda Robinson, Assistant Vice President

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 <input type="checkbox"/> Member <input type="checkbox"/> Authorized Person <input type="checkbox"/> Other _____	Name: Gary Brody Address: 5853 Hamilton Way Boca Raton, Fla. 33496 _____ <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Manager <input type="checkbox"/> Member <input type="checkbox"/> Authorized Person <input type="checkbox"/> Other _____	Name: Niko Harriton Address: 85 Lords Highway East Weston, CT 06883 _____ <input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager <input type="checkbox"/> Member <input type="checkbox"/> Authorized Person <input type="checkbox"/> Other _____	Name: Ronald Sussman Address: 250 East 54th Street. New York, NY 10022 _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Manager <input type="checkbox"/> Member <input type="checkbox"/> Authorized Person <input type="checkbox"/> Other _____	Name: _____ Address: _____ _____ <input type="checkbox"/> Other _____
<input type="checkbox"/> Manager <input type="checkbox"/> Member <input type="checkbox"/> Authorized Person <input type="checkbox"/> Other _____	Name: _____ Address: _____ _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Manager <input type="checkbox"/> Member <input type="checkbox"/> Authorized Person <input type="checkbox"/> Other _____	Name: _____ Address: _____ _____ <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.

Niko Harriton

Signature of an authorized person

Niko Harriton

Typed or printed name of signer

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE SIMPLE SUIT COMPANY 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 THIRTIETH DAY OF MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE SIMPLE SUIT COMPANY LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF APRIL, A.D. 2020.

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




Jeffrey W. Bullock, Secretary of State

7946864 8300

SR# 20211111142

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

Authentication: 202858298

Date: 03-30-21