

M24000009698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

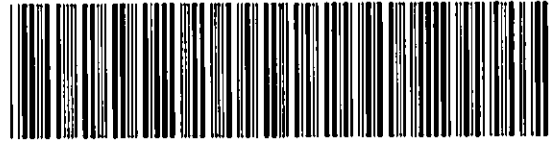
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



600433204016

APPROVED
AND
FILED
2024 JUL 29 PM 6:33
TALLAHASSEE, FLORIDA

RECEIVED
2024 JUL 29 PM 3:35
TALLAHASSEE, FLORIDA

JUL 29 2024

K. Brumley



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext: x62969
Date: 07/29/24
Order #: 1577165-2
Re: Puig Retail US, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:
120000000195

Certificate of Good Standing from State of Incorporation

AUTH

A handwritten signature in black ink, appearing to read 'Lynne H. Miller', is written over the word 'AUTH'.

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

**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. Puig Retail US, 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. New York
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

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

5. 630 Fifth Avenue, 32nd Floor
(Street Address of Principal Office)

6. _____
(Mailing Address)

New York, NY 10111

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)

APPROVED
AND
FILED
2024 JUL 29 PM 6:33
TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT COURT

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: 
(Registered agent's signature)

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]:

Title or Capacity: **Name and Address:**

☒ Manager Name: Javier Bach Kutschruetter

☐ Member Address: 630 Fifth Avenue, 32nd Floor

☐ Authorized New York, NY 10111

Person New York, NY 10028

☐ Other _____ ☐ Other _____

☒ Manager Name: Pedro Escudero Chinchilla

☐ Member Address: 630 Fifth Avenue, 32nd Floor

☐ Authorized New York, NY 10111

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Sergio Sainz

☐ Member Address: 630 Fifth Avenue, 32nd Floor

☐ Authorized New York, NY 10111

Person _____

☒ Other Secretary ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: Ingrid Trias Hault

☐ Member Address: 630 Fifth Avenue, 32nd Floor

☐ Authorized New York, NY 10111

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Laurie Labesque

☐ Member Address: 630 Fifth Avenue, 32nd Floor

☐ Authorized New York, NY 10111

Person _____

☒ Other President ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ 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.

Signed by

Laurie Labesque

1B6D276F2BE4486...
Signature of an authorized person

Laurie Labesque

Typed or printed name of signer

CSC QUAL-41179

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

| | |
|----------------------------------|------------------------------------|
| Entity Name: | PUIG RETAIL US, LLC |
| DOS ID Number: | 6802440 |
| Entity Type: | DOMESTIC LIMITED LIABILITY COMPANY |
| Entity Status: | EXISTING |
| Date of Initial Filing with DOS: | 04/19/2023 |
| Statement Status: | CURRENT |
| Statement Due Date: | 04/30/2025 |

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State,
at the City of Albany, on July 29, 2024 at 09:54 A.M.

WALTER T. MOSLEY
Secretary of State

BRENDAN C. HUGHES
Executive Deputy Secretary of State