

Florida Department of State

M24000012859
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

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RESUBMIT

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: tboyd@bmkrr.com

**Foreign Limited Liability Company
DUTY FREE ASSOCIATES INTERNATIONAL, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	06
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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October 7, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HUBCO

SUBJECT: DUTY FREE ASSOCIATES INTERNATIONAL, LLC
REF: W24000136965

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please list the complete principal office address.

If you have any further questions concerning your document, please call (850) 245-6051.

Andrea Andrews
Regulatory Specialist II
Registration Section

FAX Aud. #: H24000335716
Letter Number: 524A00022133

H24000335716

**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. DUTY FREE ASSOCIATES INTERNATIONAL, 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 3. 11-3571087
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI 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. 18 PARRISH POND LANE 6. PO BOX 2852
(Street Address of Principal Office) (Mailing Address)
SOUTHAMPTON, NY 11969 SOUTHAMPTON, NY 11969

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

Name: E. JANE SCOTT

Office Address: 6000 INDIAN CREEK DRIVE, #701

MIAMI BEACH , Florida 33140
(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.

Jane Scott
(Registered agent's signature)

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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 type="checkbox"/> Manager	Name: E. JANE SCOTT	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 6000 INDIAN CREEK DR.	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	#701	<input type="checkbox"/> Authorized	_____
Person	MIAMI BEACH, FL 33140	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
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.

Jane Scott

Signature of an authorized person

E. JANE SCOTT

Typed or printed name of signer

H24000335716

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: DUTY FREE ASSOCIATES INTERNATIONAL, LLC
DOS ID Number: 2562519
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 10/12/2000
Statement Status: CURRENT
Statement Due Date: 10/31/2024

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: ARTICLES OF ORGANIZATION
Date of Filing: 10/12/2000
Entity Name: DUTY FREE ASSOCIATES INTERNATIONAL, LLC

Document Type: AFFIDAVIT OF PUBLICATION
Date of Filing: 04/13/2001

Document Type: AFFIDAVIT OF PUBLICATION
Date of Filing: 04/13/2001

Document Type: BIENNIAL STATEMENT
Date of Filing: 10/18/2002
Effective Date: 10/01/2002

Document Type: BIENNIAL STATEMENT
Date of Filing: 12/08/2004
Effective Date: 10/01/2004

Document Type: BIENNIAL STATEMENT
Date of Filing: 10/24/2006
Effective Date: 10/01/2006

Document Type: BIENNIAL STATEMENT
Date of Filing: 10/29/2008
Effective Date: 10/01/2008

Document Type: BIENNIAL STATEMENT
Date of Filing: 11/24/2010
Effective Date: 10/01/2010

Document Type: BIENNIAL STATEMENT
Date of Filing: 10/17/2014
Effective Date: 10/01/2014

Document Type: BIENNIAL STATEMENT
Date of Filing: 10/05/2016
Effective Date: 10/01/2016

Document Type: BIENNIAL STATEMENT
Date of Filing: 10/03/2018
Effective Date: 10/01/2018

Document Type: BIENNIAL STATEMENT
Date of Filing: 10/13/2020
Effective Date: 10/01/2020

Document Type: BIENNIAL STATEMENT
Date of Filing: 09/27/2024

Above space is left blank intentionally.

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 October 02, 2024 at
03:01 P.M.



WALTER T. MOSLEY
Secretary of State

Brendan C. Hughes

BRENDAN C. HUGHES
Executive Deputy Secretary of State

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Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>