

# M98000001111

CAPITOL SERVICES d/b/a  
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)  
1406 Hays Street, Suite 2  
(Address)  
Tallahassee, FL 32301 (904) 656-3992  
(City, State, Zip) (Phone #)

OFFICE USE ONLY

900002652159-2  
-09/30/98-DID31-012  
\*\*\*\*285.00 \*\*\*\*285.00

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. Wolford Boutiques, LLC (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

Walk in   
  Pick up time 9/30   
  Certified Copy  
 Mail out   
  Will wait   
  Photocopy *Stamped*   
  Certificate of Status

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 98 SEP 30 AM 11:40  
 (5)

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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 98 SEP 30 AM 10:56  
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 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA  
 BK  
 9/30/98

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Examiner's Initials \_\_\_\_\_

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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1. WOLFORD BOUTIQUES, LLC  
(Name of foreign limited liability company)
2. New York  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 13-4016035  
(FEI number, if applicable)
4. June 25, 1998  
(Date of Organization)
5. perpetual  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. upon qualification  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 540 Madison Avenue - 34th. Floor  
New York, New York 10022  
(Street address of principal office)

8. List name, title, and business address of each managing member[MGRM] or manager[MGR]who will manage the foreign limited liability company in Florida: (attach additional page if necessary)

NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
Wolford America, Inc.	MGRM		
<u>540 Madison Avenue, 34th. Floor</u>			
<u>New York, New York 10022</u>			
<u> </u>	<u> </u>	<u> </u>	<u> </u>
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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE  
UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT  
TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF  
FLORIDA.

1. The name of the Limited Liability Company is:

WOLFORD BOUTIQUES, LLC

2. The name and the Florida street address of the registered agent and office are:

~~United Corporate Services, Inc.~~  
United Corporate Services, Inc.

(Name)

801 Northeast 167th Street, Suite 300

Florida street address (P.O. Box NOT ACCEPTABLE)


North Miami Beach, FL 33162

City/State/Zip

*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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

UNITED CORPORATE SERVICES, INC.

BY:

  
(Signature)  
Michael A. Barr, President

**Filing Fee: \$ 35 for Designation of Registered Agent**

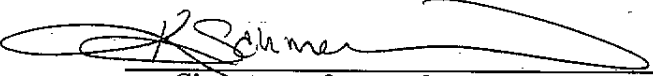
**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN  
LIMITED LIABILITY COMPANY**

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The undersigned member or authorized representative of a member of WOLFORD  
BOUTIQUES, LLC certifies: \_\_\_\_\_

- 1) the above named limited liability company has at least one member;
  
- 2) the total amount of cash contributed by the member(s) is \$ 250,000;
  
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ —;  
(A description of the property is attached and made a part hereto.)  
and
  
- 4) the total amount of cash and property contributed and anticipated to be contributed  
by member(s) is \$ 250,000.  
(This total includes amounts from 2 and 3 above.)

WOLFORD AMERICA, INC., Managing Member

By: 

**Signature of a member or an authorized representative of a member.**  
(In accordance with section 608.408(3), Florida Statutes, the execution of this  
affidavit constitutes an affirmation under the penalties of perjury that the facts  
stated herein are true.)

Karen Schneider, President  
Typed or printed name of signee

**Filing Fee: \$250.00 for Application and Affidavit**

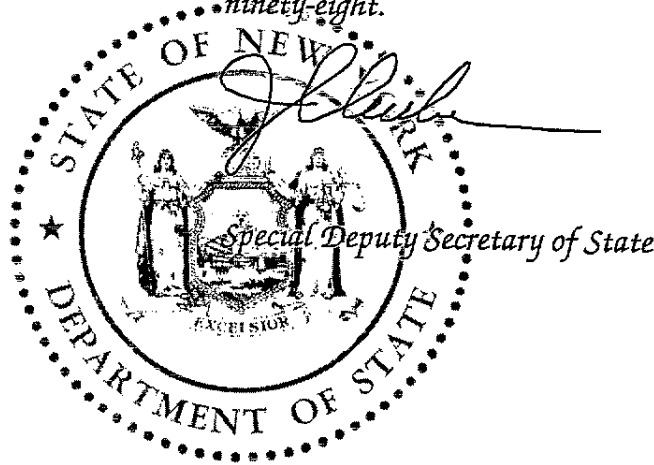
State of New York | ss:  
Department of State

I hereby certify, that WOLFORD BOUTIQUE, LLC a NEW YORK limited liability company filed a Certificate of Articles of Organization pursuant to section 203 of the Limited Liability Company Law on 06/25/1998, and that the limited liability company is subsisting so far as shown by the records of the Department.

A Certificate of Amendment WOLFORD BOUTIQUE, LLC, changing name to WOLFORD BOUTIQUES, LLC, was filed 07/17/1998.

\*\*\*

Witness my hand and the official seal of the Department of State at the City of Albany, this 24th day of September one thousand nine hundred and ninety-eight.



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