Filing Fee: \$150.00

ID Number:	



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

11)

APPLICATION FOR REGISTRATION

for	ursuant to the provisions of Section 7-16-49 of the Gene reign limited liability company hereby applies for a Certif and, and for that purpose submits the following statemer	ficate of Registration to transact	, as amended, the undersigned business in the state of Rhode				
1,	The name of the limited liability company is:						
	Samsonite LLC						
	The name, if different, under which it proposes to register and transact business in Rhode Island is:						
3.							
 4. The date of its organization is 05/04/1987 5. The period of duration of the limited liability company is (if perpetual, so state) Perpetual 6. The address of the limited liability company's resident agent in Rhode Island is: 							
					155 South Main Street, Suite 301	Providence	, RI <u>02903</u>
					(Street Address, not P.O. Box)	(City/Town)	(Zip Code)
	and the name of the resident agent at such address is	C T Corporation System (Name of A	gent)				
7.	7. The secretary of state is appointed the agent of the foreign limited liability company for service of process if time there is no resident agent or if the resident agent cannot be found or served following the exercise of reas diligence.						
8.	The address of any office required to be maintained limited liability company is organized is:	in the state or other jurisdiction	on under the laws of which the				
	1209 Orange Street, Wilmington, DE 19						
	The mailing address for the limited liability company is: 575 West Street, Suite 110, Mansfield, MA 02048	;					
		FILED					
	rm No. 450 vised: 12/05	JAN 1 1 2010					
		7.57					

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10.	Management of the Limited Liability	y Company:	
Α.	The limited liability company is to b	e managed by its members. (If you have checked this box, go to item	
		<u>or</u>	
В.	The limited liability company is to be managed by one (1) or more managers. (If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)		
	<u>Manager</u>	Address	
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	<u> </u>		
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11. Th	his application is accompanied by a cuthorized officer of the jurisdiction und	certificate of good standing duly authenticated by the secretary of state or other der which the foreign limited liability company was organized.	
		Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.	
	01 1		
Date	9/28/09	Samsonite LLC	
	·	Print Exact Name of Limited Liability Company Making Application	
		By Authorized Person	
		Signature of authorized person	
		John Livingston	

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SAMSONITE 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 TWELFTH DAY OF NOVEMBER, A.D. 2009.

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

2125225 8300

091009566

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

AUTHENTICATION: 7635841

DATE: 11-12-09



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

