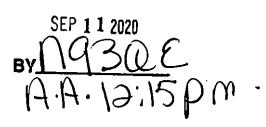
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No Fili	ng Fee (See Instructions)	ID Number: 000163813		
TET	STATE OF RHODE ISLAND AND PROVIDENCE Office of the Secretary of State			
- L	Division of Business Services	207 R		
	148 W. River Street Providence, Rhode Island 02904-2615			
		R.1. DET BUS 2020 SEP		
	APPLICATION FOR TRANSFER OF AUT			
Claire's	Boutiques, Inc.			
	(Insert full name of the entity following the training			
SECTIC	ON I: TO BE COMPLETED BY ENTITY TRANSFERRING AUTHORITY			
Pursuar qualified	nt to the applicable provisions of the Rhode Island General Laws, 19 I foreign (<i>check one box only</i>):	רת 56, as amended, the undersigned duly		
	Non-Profit Corporation <u>or</u> Business Corporation <u>or</u>	Limited Liability Company or		
	Limited Partnership or Limited Liability Partnership			
submits	the following Application for the purpose of transferring its authority to a (check one box only):		
	Limited Partnership or Limited Llability Company or	Business Corporation or		
	Limited Liability Partnership or Non-Profit Corporation			
а.	The name of the entity filing this application for transfer is: Claire's Boutiques, Inc.			
b.	The date on which the entity filing this application qualified to conduct business in the State of Rhode Island: 5-8-2007			
C.	The jurisdiction upon transfer of authority: Michigan			
đ.	The name of the entity following the transfer of authority is:			
	Claire's Boutiques, Inc.			
	The application for transfer is filed as an accompanying certificate to the			
	partnership <u>or</u> application for registration for a limited liability company <u>or</u> e application for certificate of			
	authority for a business corporation <u>or</u> application for certificate of authority for a non-profit corporation <u>or</u> notice of registration for a registered limited liability partnership (<i>check one box only</i>).			
	The application for transfer is accompanied by a certificate of good standing or legal existence issued by the proper officer of the state or country under the laws of which it is incorporated.			
Form 612	•			
05/12		FILED		



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SECTION II: TO BE COMPLETED BY ENTITY TRANSFERRING AUTHORITY

Under penalty of perjury, I/we declare and affirm that I/we have examined this Application for Transfer of Authority, including any accompanying attachments, and that all statements contained herein are true and correct and that the undersigned is authorized to sign this certificate on behalf of the entity set forth in Section 1A.

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Date: 8/24/2020		
Print Name of Other Entity	OR	Print Name of Partnership
By:		Ву:
Signature of Authorized Person	-	By:Signature of Partner
Ву:		Ву:
By: Signature of Authorized Person		Signature of Partner
		By:Signature of Partner
Claire's Boutiques, Inc.		
Print Name of Corporation	OR	Print Name of Limited Liability Company
By: finto Bankov	_	By: Signature of Authorized Person
Signature of Authorized Person		Signature of Authorized Person
By: Signature of Authorized Person	_	By:
Signature of Authorized Person		Signature of Authorized Person

State of Rhode Island Department of State | Office of the Secretary of State Nellie M. Gorbea, Secretary of State

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,

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:

September 11, 2020 12:15 PM

Tulli U. Hole

Nellie M. Gorbea Secretary of State

