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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: HIT WEAR INC (Name of corporation - must include suffix)
(reame of corporation - must include suttex)
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
JEONG HYUN KIM
(Name of Person)
HIT WEAR INC
(Firm/Company)
490 S DEAN ST
(Address)
ENGLEWOOD NJ 07631 (City/State and Zip code)
(City/State and Zip code)
For further information concerning this matter, please call:
TEONG ITUN KIM at (201) 541-84+4 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Ferson) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS: Registration Section Division of Corporations Pivision of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

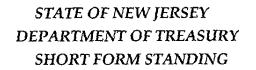
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	HIT WEAR INC	
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"	
	"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	
	all a command of the late	
	HIT WEAR FL INC.	
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2.	NEW JERSEY (State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (FEI number, if applicable)	
	(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4.	(Date of incorporation) 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")	
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
6.	10/01/2004	
	(Date first transacted business in Florida, if prior to registration)	
	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7.	(Principal office address)	
	A STATE OF THE STA	# 4 494 - 1 - H 3
	490 S DEAN ST. ENGLEWOOD, NS 07631 (Current mailing address)	*
	(Current mailing address)	£ 6 3
	TO CO	
8.	CPL 113	
	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	
9.	Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
	Name: JEONG H. KIM	
0	ffice Address: 12245 University (t. Sp. 56)	
	TAMPA Florida 33612	
	ffice Address: 12245 University Ct. Sp. 561 TAMPA , Florida 33612 (City) (Zip code)	
10	. Registered agent's acceptance:	

Having been named as registered agent and to accept service of process for the above stated corporation 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.

- 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
- 12. Names and business addresses of officers and/or directors:

A. DIRECTORS			
Chairman: JEONG H. KIM			
Address: <u>\$19</u> Grace Ave.			
Northvale, NJ 07647			
Vice Chairman:			
Address:			
Director:			
Address:			
Director:			
Address:			
B. OFFICERS			
President: JEONG HYUN KIM	EE	760	
Address: 519 Grace Ave	語	8	
North vale, NS 07647	O 1	<u>.</u>	d
Vice President:		U	
Address:			
		<u>5</u>	<u>, ,</u>
Secretary:			
Address:			
Treasurer:		 	
Address:			
NOTE: If necessary, you may attach an addendum to the application listing additional officers at	nd/or dire	ctors.	
13. X (Signature of Director or Officer listed in number 12 of the application)			
TEACO (NO.) LONG B 21 A			
(Typed or printed name and capacity of person signing application)			



HIT WEAR INC

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I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on September 1, 2004.

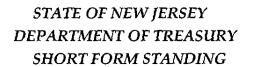
As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Jeong Hyun Kim 490 S. Dean St. Englewood, NJ 07631

Continued on next page . . .

SECRETARY DE SENSE



HIT WEAR INC

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 28th day of September, 2004

John E McCormac, CPA
State Treasurer

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