F090000000873

| (Requestor's Name) |
|---|
| (Address) |
| |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| |
| 1008-50112 |
| 1ATU 0711 |

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 4, 2008

THOMAS G. KULKOWSKI AFFLICTION RETAIL, INC. 1720 APOLLO COURT SEAL BEACH, CA 90740

SUBJECT: AFFLICTION RETAIL, INC.

Ref. Number: W08000054113

We have received your document for AFFLICTION RETAIL, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole Regulatory Specialist II

Letter Number: 708A00059256

COVER LETTER

| TO: New Filing Section Division of Corporations |
|---|
| SUBJECT: AFFLICTION RETAIL, INC. |
| (Name of corporation - must include suffix) |
| 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: |
| DOTSY MARTINEZ |
| (Name of Person) |
| AFFLICTION RETAIL, INC. |
| (Firm/Company) |
| 1720 Apollo Court |
| |
| SEAL BEACH, CA 90746 |
| (City/State and Zip code) |
| $^{\prime}$. |
| For further information concerning this matter, please call: |
| PATSY MARTINEZ at 502, 598-0399 (Name of Person) (Area Code & Daytime Telephone Number) |
| (mane of total of the court of |
| STREET/COURIER ADDRESS: MAILING ADDRESS: |
| New Filing Section New Filing Section |
| Division of Corporations Clifton Building Division of Corporations P.O. Box 6327 |
| 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301 |
| 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. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 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) Office Address: Florida 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. Lonbehalt'of Incorp Services, Inc.

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: COURTNEY DUBAR |
| Address: 6741 Shire Circle |
| HUNTINGTON BEACH, CA 92648 |
| Vice Chairman: CLIFTON CHASON |
| Address: 18684 SANTA RAMONA |
| FOUNTAIN VALLEY CA 92708 |
| Director: <u>FRIC</u> FOSS |
| Address: 2761 PORTOLA DRIVE |
| COSTA MESA, CA 92626 |
| Director: |
| Address: |
| |
| B. OFFICERS |
| President: COURTNEY DUBAR |
| Address: 6741 Shire Circle |
| HUNTINGTON BEACH, CA 92648 |
| Vice President: ERIC FOSS |
| Address: 2761 PORTOLA DRIVE |
| Costa Mesa CA 92626 |
| Secretary: CLIFTON CHASON |
| Address: 18684 SANTA RAMONA, FOUNTAIN Malley, CA 92708 |
| Treasurer: |
| Address: |
| \sim |
| NOTE: If necessary you may attach an addendum to the application listing additional officers and/or directors. |
| 13. (Signature of Director or Officer listed in number 12 of the application) |
| 11 CUFTON CHARON. DIRECTOR SECRETARY |
| (Typed or printed name and dapacity of person signing application) |

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

AFFLICTION RETAIL, INC.

FILE NUMBER:

C3093746

FORMATION DATE:

04/03/2008

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 27, 2009.

DEBRA BOWENSecretary of State