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SECARIARY OF STATE
ALLARIASSEE, FLORID

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11/12/1066 00000/6



January 22, 2013

JOEL COBDEN 57 BROADWAY NEW HAVEN, CT 06511

SUBJECT: CAMPUS CLOTHING CO., INC.

Ref. Number: W13000004066

We have received your document for CAMPUS CLOTHING CO., INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

PLEASE NOTE: You have included an alternate name in your document that is not allowed under corporate law. If you want to do business in Florida under a different name other than the one you incorporated under, you will need to file a fictitious name application. You can find this form on our website at www.sunbiz.org.

The entity's date of incorporation/organization must be listed in the document.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

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) 245-6052.

Maryanne Dickey Regulatory Specialist II

www.sunbiz.org

Letter Number: 913A00001573

COVER LETTER

O: New Filing Section Division of Corporations				
SUBJECT: Campus Clothing Company, 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," or "Certificate of Good Standing" 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:				
Joel Cobden				
Name of Person				
Campus Clothing Company, Inc. Firm/Company				
57 Broadway Address				
New Haven, CT O6511 City/State and Zip code				
joel@campuscustoms.com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Person at (203) 789 - 1608 Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division 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 & Certificate of Status Certified Copy Certified Copy Certified Copy				

			<u>ســ رن 😭 </u>
IN COMPLIANC	E WITH SECTION 607.1503, FLORIDA ST	ATUTES, THE FOLLOWING IS SUBMITT	ED TO
REGISTER A FO	REIGN CORPORATION TO TRANSACT B	USINESS IN THE STATE OF FLORIDA.	
	Ø1. Note 2 0	1	1
1. <u>Camp</u>	us Clothing Company corporation; must include "INCORPORATED,"	10C.	<u> </u>
"Inc ""Co ""C	corporation; must incade "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	ing . See
ша, оо., с	sorp, me, co, or corp.)		
			⇒ > ~.
(If name unavail	lable in Florida, enter alternate corporate name a	dopted for the purpose of transacting business is	1 Florida) =
2. Connec	-ticut	010-11120410	1.70
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
4. 8 13/19	5.	Perpetual (Duration: Year corp. will cease to exist or "pe	···
(Date	e of incorporation)	(Duration: Year corp. will cease to exist or "pe	rpetual")
6			
·	(Date first transacted business in	Florida, if prior to registration)	
		02, F.S., to determine penalty liability)	
- -	ممرملات ملاف مناسم	07 01-511	
VO. L DEC	adway, New Haver	L CI OGSII	
	· · · · · · · · · · · · · · · · · · ·	·	
57 Bro	adway, New Haven (Current mailing address	CT 06511	
	(Current mailing addre	25)	
8. Retail			
(Purpose(s	s) of corporation authorized in home state or cou	ntry to be carried out in state of Florida)	
0.33	A Alama Crif II and a concentration	D. Morrowski (1)	
9. Name and stree	et address of Florida registered agent: (P.O	. Box NOT acceptable)	
Name:	John David Neal		
			
Office Address:	5408 NW 8th Avenue		
			
	Gainesville (City)	, Florida <u>32605</u>	
	(City)	(Zip code)	
IO D			
	gent's acceptance;	a afana ana fandh a hana atat da a a anat	
taving veen num lesienated in this	en us registeren ugent una 10 accept servic application. I bereby accept the appointm	e of process for the above stated corporations and agree to act in	on at the place
urther agree to co	omply with the provisions of all statutes re	lative to the proper and complete perform	inis cupacity. I
luties, and I am f	amiliar with and accept the obligations of	my position as registered agent.	The by thy
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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.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors:

A. DIRECTORS	
Chairman:	
Address:	<u> </u>
Vice Chairman:	35
Address:	AC P II
	155 S
Director:	DA F
Address:	
Director	
Director:	
Address:	
B. OFFICERS	West Wanter
President: Barry Cobden	
Address: 57 Broadway	
New Haven, CT 06511	
Vice President: Joel Coloden	
Address: 57 Broaduay	
New Howen, CT 06511	
Secretary:	
Address:	
Treasurer: Jeremy Conden	
Address: 57 Broadway, New Haven, CT 06511	
NOTE: If necessary, you may attach an addendum to the application listing additional officers a	and/or directors.
$\mathcal{I}_{\mathbf{k}}$	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that are true and that he or she is aware that false information submitted in a document to the Departra a third degree felony as provided for in s.817.155, F.S.	
14. <u>Jeremy Cobden - Treasurer</u> (Typed or printed name and capacity of person signing application)	
(I yped or printed name and capacity of person signing application)	

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that the certificate of incorporation of

CAMPUS CLOTHING COMPANY, INC.

a domestic STOCK corporation, was filed in this office on August 13, 1984.

A certificate of amendment for CUTLERS II, INC., changing its name to CAMPUS CLOTHING COMPANY, INC., was filed on April 25, 1989.

A certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far as indicated by the records of this office such corporation is in existence.

Secretary of the State

Date Issued: November 14, 2012

Business ID: 0159744 Standard Certificate Number: 2012255854001

Note: To verify this certificate, visit the web site http://www.concord.sots.ct.gov