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(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bi	usiness Entity Nar	me)
(Di	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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HOUSE OF COMPRESSION



ACCOUNT NO. : 12000000195					
REFERENCE : 120884 7803260					
AUTHORIZATION: Spelsele man					
COST LIMIT : \$ 70.00					
ORDER DATE : May 5, 2014					
ORDER TIME : 3:10 PM					
ORDER NO. : 120884-020					
CUSTOMER NO: 7803260					
FOREIGN FILINGS					
NAME: ASHLEY STEWART, INC.					
XXXX QUALIFICATION (TYPE: CO)					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING					
CONTACT PERSON: Emily Gray EXT# 62925					
EXAMINER:					

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Ashley Stewart, 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:
Michael A. Abate, Chief Operating Officer/Secretary
Name of Person
Ashley Stewart, Inc.
Firm/Company
100 Metro Way
Address
Secaucus, NJ 07094
City/State and Zip code
bpineda@ashleystewart.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael A. Abate at (201) 319-9093
Name of Person 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 & □ \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & 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.

(If name unavailab	le in Florida, enter alternate corporate nam	e adopted for the purpose of transacting business in Florida	a)
Delaware	3	46-5275153 3:	
(State or country iii	nder the law of which it is incorporated)	(FEI number, if applicable)	
03/27/2013		5. Perpetual (Duration: Year corp. will cease to exist or "perpetual"	
(Date o	f incorporation)	(Duration: Year corp. will cease to exist or "perpetual"	')
***************************************	(Date first transacted business (SEE SECTIONS 607.1501 & 607.	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
100 Metro Wa	y, Secaucus, NJ 07094		
· · · · · · · · · · · · · · · · · · ·	(Principal office ad	ldress)	
100 Metro Wa	y, Secaucus, NJ 07094	_	
	(Current mailing ac	idress)	
Retailer of w	omen's clothing and accessories		TA MAY
(Purpose(s)	of corporation authorized in home state or	country to be carried out in state of Florida)	<u> </u>
Name and street	address of Florida registered agent: (P	O. Box NOT acceptable)	ထ်
Name:	Corporation Service Company		7
ffice Address:	1201 Hays Street		ထ္
	Tallahassee	, Florida	~
	(City)	(Zip code)	

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 See attached Chairman: Address: Vice Chairman: Address: ___ Director: Address: **B. OFFICERS** See attached President: Vice President: _ Address: Secretary: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Michael A. Abate, Chief Operating Officer/Secretary 14.

(Typed or printed name and capacity of person signing application)

Officers and Director/s List

Name:	Title	Address
James Rhee	Chief Executive Officer	100 Metro Way, Secaucus, NJ 07094
Michael Abate	Chief Operating Officer/ Secretary	100 Metro Way, Secaucus, NJ 07094
Randy Valerio	Treasurer	100 Metro Way, Secaucus, NJ 07094
Kristen Gaskins	Vice President	100 Metro Way, Secaucus, NJ 07094
George Hristodoulou	Assistant Secretary	100 Metro Way, Secaucus, NJ 07094
Steven C. Chang	Director	100 Metro Way, Secaucus, NJ 07094

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ASHLEY STEWART, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF APRIL, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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AUTHENTY CATION: 1318795

DATE: 04-24-14