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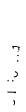
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Lituty Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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(1100) 120 00107
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COVER LETTER

TO: Registration Section Division of Corporations	I
SUBJECT: DIVOTS SPOR	Socarl Co. INC
Name of corporation	on - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stabove referenced foreign corporation to transact busing	anding and check are submitted to register the
Please return all correspondence concerning this mat	donow
D. Jots	Slovement C. INC
Firm/Co 590	Dompany Brackfield Fill Blood Browning Noveross GA 30092
Ad	Noveross GA 30092
REDiod man @ Diot	and Zip code . OM d for future annual report notification)
For further information concerning this matter, pleas	e call:
To Rest Estildary at (40) Name of Person at (40) Area C	ode Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration 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 & ☐ \$87.50 Filing Fee. Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

tEnter 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) (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) Note of duration, if other than perpetual) (Principal office address) Note of duration if other than perpetual) (Current mailing address) (Current mailing address) (Current mailing address of different) Name: See Florida 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.
He name unavailable in Florida. enter alternate corporate name adopted for the purpose of transacting business in Florida) Sel 29 6187 (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502 F.S., to determine penalty liability) SEE SECTIONS 607.1501 & 607.1502 F.S., to determine penalty liability) A	Dilats shortsweak Co. Fac.
(State or country under the law of which it is incorporated) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 4	(Enter name of corporation; must include "INCORPORATED," "COMPANY," CORPORATION; "Inc.," "Co.," "Corp." "Inc," "Co." or "Corp.")
(State or country under the law of which it is incorporated) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 4	
(State or country under the law of which it is incorporated) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 4 93	(It name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
(Date of incorporation) (Date of duration, if other than perpetual) (Date of incorporation) (Courrent mailing address in Florida, if prior to registration) (Current mailing address if different) (Curre	2. (Fill number (familicable)
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.150) & 607.1502. F.S., to determine penalty liability) ### Common Section 150	(State or country under the law of which it is incorporated) (FEI number, if applied only)
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 493 German Hard Complete address of Florida registered agent: (P.O. Box NOT acceptable) Name: Set Florida registered agent: (P.O. Box NOT acceptable) Name: Set Florida registered agent with a force 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. Further agree to comply with the provisions of all-statutes relative to the proper and complete performance of my fluties, and I am familiar with and accept the obligations of my position as registered agent.	4. (Date of incorporation) 5. (Date of duration, if other than perpetual)
(Current mailing address/if different) Name: Set Flived M. Florida (P.O. Box NOT acceptable) Name: Street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Set Flived M. Florida 33 4 3 1 (City) Registered agent's acceptance: (City) Registered agent's acceptance: (City) 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. Further agree to comply with the provisions of all statutes relative to the proper and complete performance of my luties, and I am familiar with and accept the obligations of my position as registered agent.	6(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
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Name: Self Registered agent: (P.O. Box NOT acceptable) Name: Self 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. Further agree to comply with the provisions of all statutes relative to the proper and complete performance of my futies, and I am familiar with and accept the obligations of my position as registered agent.	Nodeloss GA 30092
Name: Sert Phiedippol Office Address: 150 NEE Spanish fire Bloom with the place Office Address: 150 NEE Spanish fire Bloom Office Address: 150 NEE Spanish fire	(Current mailing address/if different)
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place lesignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. Further agree to comply with the provisions of all-statutes relative to the proper and complete performance of my futies, and I am familiar with and accept the obligations of my position as registered agent.	8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place lesignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. Further agree to comply with the provisions of all-statutes relative to the proper and complete performance of my futies, and I am familiar with and accept the obligations of my position as registered agent.	Name: loBert Phiredman
(City) (City) (Zip code)	Office Address: 950 NEE SPANSh River Blue WAYA
Description Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place that all the place to the service of process for the above stated corporation at the place that this capacity. It is selected agent and agree to act in this capacity. It is selected agent and the provisions of all statutes relative to the proper and complete performance of my further agree to comply with the provisions of all statutes relative to the proper and complete performance of my further agree to comply with and accept the obligations of my position as registered agent.	(Zin code)
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	Having been named as registered agent and to accept service of process for the above stated corporation at the production of all signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacitation of all statutes relative to the proper and complete performance of my
(Registered agent's signature)	
- V	(Registered agent's signature)

10. 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.

11. Names and business addresses of officers and/or directors:
A. DIRECTORS Robert FLiedman
Chairman: Chairman:
Address: 5903 Persett (see Fil) Blid A NO12 Cross, Gra 30092
NO124655, 674 360 72
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS Robert Fliedman
Address: Moderns, GA 30092
Vice President:
Address:
Secretary: FlizaBeth FlielMAN Address: 5903 Peacttire For BIND Nober 55,64 3009
Address: 5903 PeacHTILE FOOD BIND Nober 55 61
Treasurer:
Address:Address:
NOTE: If necessary, you may attach anjadagilatin to the application isting additional embedding attach and anjadagilatin to the application isting additional embedding attach and anjadagilatin to the application is the application in the application is the app
12. Signature of Director or Officer
The officer or director signing this document (and who is listed in number 11 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. LoBent Fliedman
(Typed or printed name and capacity of person signing application)

Control Number: H701294

W 1800 0096187

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I. Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

DIVOTS SPORTSWEAR CO., INC.

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number : 16275939 Date Inc/Auth/Filed: 02/11/1977 Jurisdiction : Georgia Print Date : 11/05/2018

Form Number : 211



Brian P. Kemp Secretary of State