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COVER LETTER

	egistration Section vision of Corporations				
SUBJEC	T: The Cashmere Sale				
SCHILE		corporation -	must include suffix		
Dear Sir o	r Madam:				
"Certificat	sed "Application by Foreign Core of Existence," or "Certificate of transced foreign corporation to tra	of Good Stand	ing" and check are submitte	siness in Florida," ed to register the	
Please reti	ım all correspondence concernin	g this matter t	to the following:		
Caren Mute)				
		Name of P	erson		
The Cashm	ere Sale				
	<u> </u>	Firm/Comp	pany		
1411 Broad	lway Fl 37				
		Addres	SS	<u> </u>	
New York,	NY 10018				
		City/State an	d Zip code	133	
caren@the	cashmeresale.com + not o	sami	antha o the coish	nene sale. con	
	E-mail address:	(to be used fo	r future annual report notifi	cation)	
For furthe	r information concerning this ma	tter, please ca	ll:		
Caren Mute)	212	719-3000	Daytime Telephone Number	
N	ame of Person	Area Code	Daytime Telephone	Number	
Re Di Ti 24	FREET/COURIER ADDRESS egistration Section ivision of Corporations are Centre of Tallahassee 15 N. Monroe Street, Suite 810 allahassee, FL 32303	:	MAILING ADDR Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 33	on Pations	
Please mak	s a check for the following amou e check payable to: FLORIDA DE Filing Fee \$78.75 Filing Certificate of	PARTMENT (Fee &		\$87.50 Filing Fee, 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.

Republic Clothing Apparel Inc							
	orporation; must include "INCORPORATEI orp," "Inc," "Co," or "Corp.")	Ō,"	"COMPANY," "CORPORATION	N,"			
(If name unavail	able in Florida, enter alternate corporate nam	e ac	opted for the purpose of transactin	g business in Florida)			
2. New York	3	3. 2	63622809				
(State or country under the law of which it is incorporated			(FEI number, if applicable)				
4		5	(Date of duration, if other t				
4. (Date of incorporation)			(Date of duration, if other t	than perpetual)			
6			<u></u>				
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.		Florida, if prior to registration) 2, F.S., to determine penalty liabili	ity)			
7 1411 Broadway N	New York, NY 10018						
1	(Principal o	ffice	: street address)	 			
	(Current mai	ling	address, if different)				
8. Name and street	et address of Florida registered agent: (P	.O.	Box NOT acceptable)	21			
Name:	Hallie Goldfader						
Office Address:	700 South Ocean #1005		<u> </u>				
	Boca Raton		, Florida				
	(City)		(Zip code)	58 9A			

9. 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.

(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.

A. DIRECTORS Caren Muto Name: _____ □ Chairman Chairman 1411 Broadway □Vice Chairman Address: □ Vice Chairman Address: FI 37 Director □ Director New York, NY □ President □ President 10018 ■Vice President ☐ Vice President ☐ Secretary ☐ Treasurer Treasurer □ Secretary □Other _____ ☐Other _____ Other _____ Name: _____ Name: _____ □ Chairman □ Chairman □Vice Chairman Address: □Vice Chairman Address: □ Director □ Director □President □ President ☐Vice President □ Vice President ☐ Secretary ☐ Treasurer □ Secretary Treasurer □Other _____ □Other _____ □Other _____ □Other _____ ☐ Chairman Name: □Chairman Name: □Vice Chairman Address: ☐ Vice Chairman Address: □ Director □ Director ☐President □ President ☐ Vice President □ Vice President □ Secretary ☐ Treasurer Treasurer ☐ Secretary ☐Other _____ □Other _____ □Other _____ □Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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. acto Storus tor of Caren Muto 13.

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of REPUBLIC CLOTHING APPAREL INC. was filed on 10/16/2008, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



Witness my hand and the official seal of the Department of State at the City of Albany, this 01st day of June two thousand and twenty-one.

Braden C Hylen

Brendan C. Hughes Executive Deputy Secretary of State

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