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| (Requestor's Name) | | | | |
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| (City/State/Zip | /Phone #) | | | |
| PICK-UP W | AIT MAIL | | | |
| (Business En | ity Name) | | | |
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COVER LETTER

| TO: | | tration Section ion of Corporations | | | |
|----------|--------------------------|---|---------------------|---|--|
| SUBJ | FCT. | SSB CLOTHING CORP | | | |
| 0000 | ., | Name o | f corporation | - must include suffix | |
| Dear S | ir or M | adam: | | | |
| "Certif | icate of | "Application by Foreign Corf Existence." or "Certificate code foreign corporation to tra | of Good Stan | ding" and check are submitte | |
| Please | return a | all correspondence concernir | g this matter | to the following: | |
| JONAT | THAN A | A. GRUTMAN | | | |
| | | | Name of 1 | Person | |
| DAVIS | & GRI | UTMAN, LLP | | | |
| | | <u>-</u> | Firm/Com | pany | e e |
| 325 BR | ROADW | /AY, STE 204 | | | · · |
| | | | Addre | ess | |
| NEW Y | YORK. | NY 10007 | | | بن - |
| | | | City/State at | nd Zip code | · · · · · · · · · · · · · · · · · · · |
| JAG@ | DAVIS | GRUTMAN.COM | | | |
| | _ | E-mail address: | (to be used f | or future annual report notifi | cation) |
| For fur | ther int | formation concerning this ma | itter, please c | all: | |
| JONAT | THAN A | A. GRUTMAN | at (| 953-2900 X 15 | |
| | Name | e of Person | Area Code | Daytime Telephone | Number |
| | Regis Divisi The C | EET/COURIER ADDRESS tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303 | : | MAILING ADDR Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32 | en rations |
| Please r | nake ch | check for the following amore eck payable to: FLORIDA DE ing 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.

| | orporation; must include "INCORPORATED." " orp," "Inc," "Co," or "Corp.") | COMPANY," "CORPORATION," | |
|-----------------------------------|--|---|----------------|
| | | | |
| (If name unavail | able in Florida, enter alternate corporate name add | opted for the purpose of transacting busine | ss in Florida) |
| 2. NEW YORK 3. 46-2672 | | 5-2672750 | |
| (State or counti | NEW YORK (State or country under the law of which it is incorporated) 3. 46-2672750 (FEI number, if applied) | | |
| 05/22/2013 | 5 | | |
| (Date | of incorporation) | (Date of duration, if other than perpetual) | |
|). | | | |
| · - | (Date first transacted business in F | | |
| | (SEE SECTIONS 607.1501 & 607.1502 | . F.S., to determine penalty liability) | |
| , 6501 CONGRES | S AVENUE #100, BOCA RATON, FL 33487 | | <u> </u> |
| | (Principal office | street address) | |
| | | | |
| | | | <u> </u> |
| | (Current mailing a | ddress, if different) | - (193 |
| | , and the second | ddress, if different) | 1 |
| . Name and stree | et address of Florida registered agent: (P.O. I | ddress, if different) | 13 |
| 8. Name and <u>stree</u> Name: | , and the second | ddress, if different) | 13 13 |
| Name: | et address of Florida registered agent: (P.O. I | ddress, if different) | 13 1. |
| | et address of Florida registered agent: (P.O. I SCOTT FLOMAN 6501 CONGRESS AVENUE #100 | ddress, if different) Box NOT acceptable) | 13 7 |
| Name: | et address of Florida registered agent: (P.O. I | ddress, if different) Box NOT acceptable) | - |

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 | | | | |
|--------------------------------------|---|-----------------------------|-------------|----------------------------|
| □Chairman | SCOTT FLOMAN Name: | □ Chairman | Name: | |
| □ Vice Chairman | Address: 6501 CONGRESS AVENUE | □Vice Chairman | Address: | |
| ■ Director | #100 | □Director | | |
| ⊡President | BOCA RATON, FL 33487 | □President | · | |
| ■ Vice President | | □Vice President | | - |
| □ Secretary | □Treasurer | □ Secretary | | □Treasurer |
| □Other | □Other | □Other | | □Other |
| □Chairman | BRIAN FLOMAN | □Chairman | Name: | |
| □Vice Chairman | 6501 CONGRESS AVENUE | | | |
| Director | #100 | □Director | | |
| □President | BOCA RATON, FL 33487 | □President | | |
| □Vice President | | □Vice President | | |
| □Secretary | □Treasurer | □Secretary | | □Treasurer |
| í☐Other | Other | □Other | | □Other |
| □Chairman | Name: | □Chairman | Name: | |
| □Vice Chairman | Address: 6501 CONGRESS AVENUE | □Vice Chairman | Address: | |
| Director | #100 | □Director | | |
| ■ President | BOCA RATON, FL 33487 | □President | | |
| □Vice President | | □Vice President | | |
| □Secretary | Treasurer | ☐ Secretary | | □Treasurer |
| □Other | Other | Other | | □Other |
| Important Notice: individuals may be | Use an attachment to report more than six (6). To added to the index when filing your Florida De Signature of Dir | partment of State Annual Re | port form. | purposes only. Non-indexed |

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.

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:

SSB CLOTHING CORP

DOS ID Number:

4406977

Entity Type:

DOMESTIC BUSINESS CORPORATION

Entity Status:

EXISTING

Date of Initial Filing with DOS:

05/22/2013

Statement Status:

CURRENT

Statement Due Date:

05/31/2023

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



WITNESS my hand and official seal of the Department of State, at the City of Albany, on March 09, 2023 at 01:30 P.M.

Brandon C. Higher

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

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