

F230000001925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

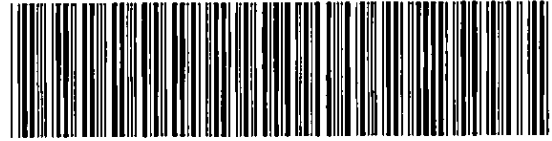
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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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.

1. Campus Clothing Company, Inc.
(Enter 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)

2. Connecticut 3. 06-1112046
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/13/84 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 8/1/22
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 57 Broadway - New Haven, CT 06511
(Principal office street address)

715 Bloom Street, Ste 140 - Celebration, FL 34747
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Joel Cobden

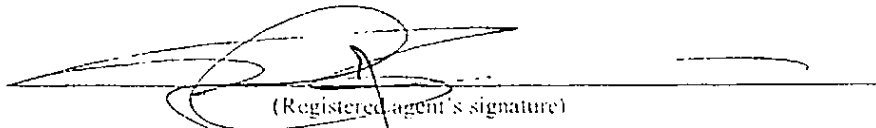
Office Address:

715 Bloom St. Ste 140

Celebration, FL 34747, Florida 34747
(City) (Zip code)

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

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A. DIRECTORS

☐ Chairman Name: Joel Cobden
☐ Vice Chairman Address: 1624 Resolute Street
☐ Director Celebration, FL 34747
☒ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name: Jeremy Cobden
☐ Vice Chairman Address: 1355 Hartford Turnpike
☐ Director North Haven, CT 06473
☐ President
☒ Vice President
☐ Secretary ☐ Treasurer
☐ Other ☐ Other


☐ Chairman Name: Kimberly Cobden
☐ Vice Chairman Address: 1624 Resolute Street
☐ Director Celebration, FL 34747
☐ President
☐ Vice President
☒ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name: Amy Jo Fitzgerald
☐ Vice Chairman Address: 1355 Hartford Turnpike
☐ Director North Haven, CT 06473
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☒ Other Treasurer ☐ Other

☐ Chairman Name:
☐ Vice Chairman Address:
☐ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name:
☐ Vice Chairman Address:
☐ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ 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.

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.

13. Joel Cobden, President
 (Typed or printed name and capacity of person signing application)

Secretary of the State of Connecticut

Certificate of Legal Existence

Certificate of Legal Existence Certificate

Date Issued: March 01, 2023

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of incorporation for the below domestic Stock corporation was filed in this office

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.

Business Details

Business Name	CAMPUS CLOTHING COMPANY, INC.
Business ALEI	US-CT.BER:0159744
Formation Date	08/13/1984

Name Change History

Filing Type	Filing Date	Previous Name	Updated Name
Amend Name	04/25/1989	CUTLERS II, INC	CAMPUS CLOTHING COMPANY, INC.



Secretary of the State