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S. ROBERTS

APR - 5 2023

COVER LETTER

•	ion of Corporations				
SUBJECT:	ABERRATION CLOTHING INC. Name of corporation - must include suffix				
Dear Sir or M	ladam:				
"Certificate o	"Application by Foreign Corp f Existence," or "Certificate of ced foreign corporation to tra	f Good Standing	g" and check are sub-		
Please return	all correspondence concerning	g this matter to t	he following:		
Mohammad S	lim				
		Name of Pers	on		
ABERRATIO	N CLOTHING INC.				
		Firm/Compan	у		
112 Gelston A	venue				
		Address			
Brooklyn, Nev	v York 11209				
		City/State and Z	lip code		
Mohamadslim	1212@gmail.com				
	E-mail address:	(to be used for f	uture annual report n	notification)	
For further in	formation concerning this ma	tter, please call:			
Mohammad S	lim	.t ()	775-5071		
Nam	e of Person	Area Code	Daytime Telepl	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	check for the following amouncek payable to: FLORIDA DEI ing Fee	PARTMENT OF Fee & 🗆 \$7	STATE 8.75 Filing Fee & ertified Copy	S87.50 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.

1.	ABERRATION CLOTHING INC.							
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")								
	(If name unavaila	able in Florida, enter alternate corporate name add	opted for the purpose of transacting busines	s in Florida)				
2.	New York	3. 85	3. 87-3191474					
	(State or country under the law of which it is incorporated)		(FEI number, if applicable)					
4.	10/20/2021	5.						
••	(Date of incorporation)		(Date of duration, if other than perpetual)					
6.	N/A							
		(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502						
7	112 Gelston Aver	nue, Brooklyn, NY 11209						
٠٠_	(Principal office street address)							
	Same as Above			~2				
		(Current mailing a	address, if different)	17: II.				
8.	Name and stree	et address of Florida registered agent: (P.O. I	Box NOT acceptable)	<u> </u>				
	Name:	Corporation Service Company						
Office Address:		1201 Hays Street		က္				
		Tallahassee	, Florida 32301	ςη T				
		(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.

Corporation Service Company

By: Maureen DiCarlo Assistant Secretary
(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	Name: Mohammad Slim	□Chairman	Name:					
□Vice Chainnan	Address: 112 Gelston Avenue	□Vice Chainnan	Address:					
Director	Brooklyn, New York 11209	Director						
President		□President						
□Vice President		□Vice President						
Secretary	■ Treasurer	Secretary		Treasurer				
□Other	Other	□Other		□ Other				
□ Chairman	Name:	□Chairman	Name:					
	Address:							
Director		Director						
□President		□President						
		□Vice President						
Secretary	□Treasurer	☐ Secretary		□Treasurer				
Other				Other				
<u> </u>								
□ Chairman	Name:	□Chairman	Name:	<u>.</u>				
□Vice Chairman	Address:	□Vice Chainnan	Address:					
□Director		Director						
□President		□President						
□Vice President		□Vice President						
☐ Secretary	□Treasurer	□Secretary		□Treasurer				
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. 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								

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 of 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: ABERRATION CLOTHING INC.

DOS ID Number: 6307882

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 10/20/2021

Statement Status: CURRENT Statement Due Date: 10/31/2023

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 06, 2023 at 12:24 P.M.

Brandon C Higher

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

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