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(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	
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2023 MAY -8 PM 3: 40

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Erie Cotton A	roducts Inc
Name of corporation	n - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Star above referenced foreign corporation to transact business."	nding" and check are submitted to register the
Please return all correspondence concerning this matte	er to the following:
LISA SACI	ke.H
Name of	Person
Erie Cotton 4	roducts Inc
Firm/Cor	npany
III2 Bacon	5 <i>t</i>
Erie, PA City/State: /15a@erie Coth	16511
City/State	and Zip code
/15a@eriecoth	n.com
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
LISA GACKETT at (814 Name of Person Area Coo	de Daytime Telephone 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
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMEN  \$70.00 Filing Fee  \$78.75 Filing Fee &  Certificate of Status	T OF STATE  □ \$78.75 Filing Fee & □ \$87.50 Filing Fee,  Certified Copy Certificate of Status &  Certified Copy

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(FEI number, if applicable)  (Date of duration, if other than perpetual)  orida, if prior to registration)  F.S., to determine penalty liability)  treet address)  Idress, if different)  ox NOT acceptable)  FL 33324  (Zip code)  of process for the above stated corporation at the tas registered agent and agree to act in this cape	_		=194.13.312.3	5-141		ilable in Florida, enter alternate corporate na	(If name unavailal
prida, if prior to registration)  F.S., to determine penalty liability)  Lirect address)  Idress, if different)  OX NOT acceptable)  FL 33324  (Zip code)  If process for the above stated corporation at the tas registered agent and agree to act in this cape	_	)				try under the law of which it is incorporated	(State or country
prida, if prior to registration)  F.S., to determine penalty liability)  Lirect address)  Idress, if different)  OX NOT acceptable)  FL 33324  (Zip code)  If process for the above stated corporation at the tas registered agent and agree to act in this cape						12-1982	<u> 3- /</u>
F.S., to determine penalty liability)  Litreet address)  Idress, if different)  OX NOT acceptable)  FL 33324  (Zip code)  If process for the above stated corporation at the tas registered agent and agree to act in this cape		petual)	te of duration, if other than perpet	ate of duration	(Da	te of incorporation)	(Date o
F.S., to determine penalty liability)  Litreet address)  Idress, if different)  OX NOT acceptable)  FL 33324  (Zip code)  If process for the above stated corporation at the tas registered agent and agree to act in this cape	_		rior to registration)	prior to regis	人 Florida if n	Pelo 20	
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ox NOT acceptable)  FL 33324  (Zip code)  Of process for the above stated corporation at the tas registered agent and agree to act in this cape							
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FL 33324 \times \frac{1}{2} \tim	5	. 3	_acceptable)	<u>acceptaor</u>	. Box <u>NO</u> 1	cet address of Florida registered agent: (	Name and <u>street</u>
FL 33324	,a=51	=	·		<del></del>	C T Corporation System	Name:
FL 33324	1 3	<u>γ</u> Β				1200 South Pine Island Road	ice Address:
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t as registered agent and agree to act in this cap	e plac	ration at the	s for the above stated cornorat	ss for the a	e of proces	gent's acceptance: med as registered agent and to accept s	Registered agei
	racity.	t in this cape	stered agent and agree to act ir	ss jor the u. Stered ager	ent as regi	meu as registerea agent and to accept si is application, I hereby accept the appo	ang veen nume gnated in this
ive to the proper and complete performance of n	my di	rmance of n	e proper and complete perform	e proper a	lative to th	comply with the provisions of all statut	her agree to co
	,	,				ar with and accept the obligations of my	
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el O'Connor, Assist. Secretary ture)			-	-	-		nd I am familiar

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

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS			0 . 0
□Chairman	Name: Gregory Rubin		Name: Brian Rubin
□Vice Chairman	Address: 6289 Stone Bridge Dr	□Vice Chairman	Address: (2010 Pebble Creek
□Director	Fairview PA 16415	□Director	Fairview PA 16415
<b>☆</b> President		□President	
□Vice President		Vice President	
Secretary	Treasurer	☐ Secretary	□Treasurer
Other	Other	Other	□Other
□ Chairman	Name: Roberta Rubin	□Chairman	Name:
□ Vice Chairman	Address: 6289 Stone bridge Or	□Vice Chairman	Address:
□Director	Fairview PA 16415	□Director	
□President		□President	<del></del>
□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	□Secretary	□Treasurer
Other	Other	□Other	□Other
	Use an attachment to report more than six (6). The attace added to the index when filing your Florida Department		
12.		Officer	
she is aware that fa s.817.155, F.S.	ctor signing this document (and who is listed in number also information submitted in a document to the Departr	11 above) affirms the nent of State constitution	ates a third degree felony as provided for in
13	Gregory Rubin Pres (Typed or printed name and capacity of perso	<i>IDENT</i> n signing application	n)

### **Pennsylvania Department of State**

Bureau of Corporations and Charitable Organizations PO Box 8722 | Harrisburg, PA 17105-8722 T:717-787-1057 dos.pa.gov/BusinessCharities

Regarding: ERIE COTTON PRODUCTS INC.

Request Type: Subsistence Certificate Issuance Date: April 10, 2023

Request No.: 013135718 File No.: 0000751459

**Receipt No.:** 000462181

Filing Type: Domestic Business Corporation

Filing Subtype: Business

Initial Filing Date: March 12, 1982

Status: Active

#### TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

LDO HEREBY CERTIFY THAT

#### ERIE COTTON PRODUCTS INC.

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

Albert Schmidt

Acting Secretary of the Commonwealth

Men Sehm

Verify this certificate online at www.file.dos.pa.gov