

CONTACT

OFFICE LOCATION (Document #)

**F96000002002** <sup>517798</sup>

**UCC FILING & SEARCH SERVICES, INC.**

(Requestor's Name)

**528 EAST PARK AVENUE**

(Address)

**TALLAHASSEE FL 32301**

(City, State, Zip)

**(804) 681-6528**

(Phone #)

600001791296

--04/23/96--01104--007

\*\*\*\*\*70.00 \*\*\*\*\*70.00

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

- 1 Foxcraft Industries Inc. 04/23  
(Corporation Name) (Document #)
- 2 \_\_\_\_\_  
(Corporation Name) (Document #)
- 3 \_\_\_\_\_  
(Corporation Name) (Document #)
- 4 \_\_\_\_\_  
(Corporation Name) (Document #)

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DIVISION OF CORPORATIONS  
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Walk In

Pick Up Time

Mail Out

Will Wait

Photocopy

Certified Copy

Certificate of Status

Certificate of Good Standing

ARTICLES ONLY

ALL CHARTER DOCS

Certificate of FICTITIOUS NAME

FICTITIOUS NAME SEARCH

CORP SEARCH

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R A, Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

R96-1022

**HOLD FOR  
PICKUP BY  
UCC SERVICES**

Examiner's Initials

**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. Foxcroft Induntrion, Inc.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. New York  
(State or country under the law of which it is incorporated)
3. 13-3040484  
(FEI number, if applicable)
4. August 21, 1980  
(Date of Incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.155, F.S.)
7. 350 Fifth Avenue (Suite 331)  
New York, New York 10118  
(Current mailing address)
8. To manufacture, import and sell men's and boy's wearing apparel, and accessories and all other activities permitted under the New York Business Corporation Law. (Purposes) of corporation authorized in home state or country to be carried out in the state of Florida)
9. **Name and street address of Florida registered agent:**  
Name: NRAI Services, Inc.  
Office Address: 526 E. Park Avenue  
Tallahassee, Florida, 32301  
(Zip Code)

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**10. 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.*

By: *Leif H. Tonnessen*  
(Registered agent's signature)  
LEIF H. TONNESSEN

11. 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.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Director: Richard Schackner

Address: (1) \_\_\_\_\_

\_\_\_\_\_

Director: Kenneth B. Levine

Address: (1) \_\_\_\_\_

\_\_\_\_\_

Director: Rosa Schackner

Address: (1) \_\_\_\_\_

\_\_\_\_\_

B. OFFICERS

President: Richard Schackner

Address: (1) \_\_\_\_\_

\_\_\_\_\_

Executive Vice President: Kenneth B. Levine

Address: (1) \_\_\_\_\_

\_\_\_\_\_

Secretary: Kenneth B. Levine

Address: (1) \_\_\_\_\_

\_\_\_\_\_

Treasurer: Kenneth B. Levine

Address: (1) \_\_\_\_\_

\_\_\_\_\_

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Kenneth Levine Sect.  
(Typed or printed name and capacity of person signing application)

(1) The address in each case is c/o Foxcraft Industries, Inc.,  
350 Fifth Avenue, New York, New York 10118

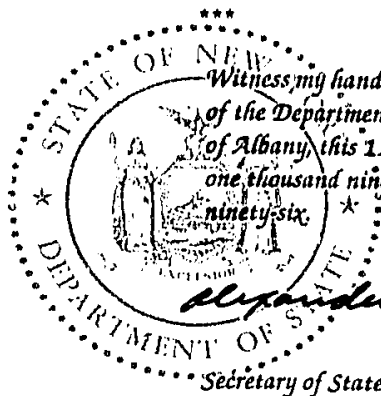
**State of New York** | **ss:**  
**Department of State**

I hereby certify, that the certificate of incorporation of FOXCRAFT INDUSTRIES, INC. was filed on 08/21/1980, with perpetual duration, and that I have made a diligent examination of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, I find no such certificate, order or record, and that no far as indicated by the records of this Department, such corporation is a subsisting corporation. I further certify that I find the following:

A Statement of Addresses and Directors was filed 04/06/1993.

A Statement of Addresses and Directors was filed 09/27/1993.

I further certify, that no other certificates have been filed by such corporation.



Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 11th day of April  
one thousand nine hundred and

ninety-six

*Alexander F. Treadwell*

Secretary of State

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