F9600003650

| TO: Qualification/Fax Lien Section Division of Corporations | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: SASSY KNITTING MILLS THE (Name of corporation - must include suffix) | |
| (Name of corporation - must include suffix) | |
| Dear Sir or Madam; | |
| The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida. | |
| Please return all correspondence concerning this matter to the following: | |
| STANLEY BRASCHOWITZ ******70.00 | 999640 1097001 *****70.00 |
| SASSY KNITTING MILLS INC | SECRE DIVISION 96 JUL |
| (Firm/Company) | |
| 485-11 SOUTH BrOADWAY | FILED TARY OF OF CORF |
| Hidrsulle NY 11801 | ED STATE OF |
| (City/State/Zip) | 8-7/19 |
| Should you need to call someone concerning this matter, please call: | |
| Michael E LIEBOWITZ CPA at (J16) 436-7900 (Area Code & Daytime Telephone Num | ber) |

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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 | SASSY KNITTING MILLS INC. | | | |
|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------|--|
| | (Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" words or abbreviations of like import in language as will clearly indicate that it is a corporation instead on natural person or partnership if not so contained in the name at present.) | or f u | • | |
| 2. | New York 3. 11-21,68590 | | • | |
| 4. | (State or country under the law of which it is incorporated) 1/2/84 5. | | | |
| | (Date of incorporation) (Duration: Year corp. will cease to exist "perpetual") | or | | |
| 6. | (Date first transacted business in Florida, (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.) | 95 | Divis | |
| 7. | 485-11 SOUTH BOODWAY | | 13803E1 | |
| | · · · · · · · · · · · · · · · · · · · | 33 Sept. | - 12 / P | |
| 8. | Current mailing address) Sales Office - Womens Clathing Sold wholesale to retail stores Nation (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box Nacceptable) | ww. | STATE e | |
| 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) | | | | |
| | Name: Annew Goldrich | | | |
| | Office Address: 3133 CLINT Mappello April08 | | | |
| | BOLA RATON, Florida, 3349L | | | |
| 10 | Registered agent's acceptance: (Zip Code) | | | |
| | trying been named as registered agent and to accept service of process for the above reporation at the place designated in this application, I hereby accept the appoint is stered agent and agree to act in this capacity. I further agree to comply with the provestatutes relative to the proper and complete performance of my duties, and I am family accept the obligations of my position as registered agent. (Registered agent's signature) | ve sto tment vision liar v | ated t as s of with | |
| 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 incorporated. | is | | |

| 12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. B. NOT acceptable) | ОX |
|-----------------------------------------------------------------------------------------------------------------------------------------|---------------|
| A. DIRECTORS (Street address only- P. O . Box NOT acceptable) | |
| Chairman: STANLEY BRASCHOWITZ | |
| Address: 84 SANTA BARBARA D. | |
| PLAINVIEW NY 11803 | |
| Vico Chairman: Anorew Gulparch | |
| Address: 3133 CLINT MORE RO APT 108 | |
| BOUR RATON FL 33496 | |
| Director: | |
| Address: | |
| | |
| Director: | |
| Address: | <u> </u> |
| D OFFICEROR (C. A. J.) | — |
| B. OFFICERS (Street address only- P. O. Box NOT acceptable) | SS : |
| President: STANLEY BRASCHOWITZ | Th 95 |
| Address: 84 SANTA BARBARA DIC | _ |
| PLANNIEW NY 11803 | |
| Vice President: | _7 ∑ |
| Address: | 56 56 |
| Secretary: ANDrew GOLORICH | |
| Address: 3133 Clint Moone RD APT 108 | |
| BOCA PATON FL 33496 | |
| Freasurer: | • |
| Address: | |
| | |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. | I |
| 13. State Braselet | |
| (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. STANLEY Brasewowitz; CHAIRMAN - Pre- | |
| (Typed or printed name and capacity of person signing application) | |

State of New York Department of State | ss

I hereby certify, that the certificate of incorporation of SABBY KNITTING MILLS INC. was filed on 01/16/1984, 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 so far as indicated by the records of this Department, such corporation is a subsisting corporation.

Witness my hand and the official scal of the Department of Stute at the City of Albany, this 21st day of June one thousand nine hundred and

Secretary of State

ninety-six.

199606240105 38

SECRETARY OF STATE, ON THE BOARD OF CORPORATION OF