9900001836

	n/Tax Lien Section Corporations				
SUBJECT: _	T.G. HAT	- CORP-			
	(Name of corpor	ation - must include suffix	<u>x)</u>		
Dear Sir or Madam:					
The enclosed "Appli "Certificate of Existe transact business in l	cation by Foreign Corporation and check are submitted a Florida.	For Authorization to Trans to register the above referen	act Business i	n Florida", corporation	to
Please return all corr	espondence concerning this mat	ter to the following:			
	JAN FRED BR (Name			99 A SECI	
	(Name	of Person)		第 3	77
_1	1. G. HAT D/S (Firm) 107 BAHAMA I	La ThE HAT	Co.	ARE OF AM	Carry Carry
	(Firm/	Company)		# 9# # 9#	U
	107 BAHAMA [SEND #CZ		5	
A	(A	idress)			_
<u>_C</u>	OCONUT CREEK	FLORIDA 3.	3066		
	(Citý/s	State/Zip)		•	
Should you need to ca	all someone concerning this ma	tter, please call:	00002 -04/07 *****	83207 /330108 78.75 **	74 -: 3001 ****78.75
JAMES TRUE	LWORTHY DO	000			, , , , , , ,
(Name of Pe	rson) at (702	2 Code & Douting T-1	066		3
FRED BR		ca Code & Daytime Teler	onone Number	:)	
F1200 100	Stman (95	4) 978 - 63	89		
STREET ADDRESS	:	MAILING ADDRES	5S:		=
Qualification/Tax Lie		Qualification/Tax Lie	n Section		-
Division of Corporations		Division of Corporation		, /	11
409 E. Gaines St. Tallahassee, FL 32399		P.O. Box 6327		Ad 4	18/99
	r the following amount:	Tallahassee, FL 3231	4	710"	• /
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	78.75 Filing Fee & Certified Copy	S87.50 F	iling Fee,	: &

Certified Copy

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.
T.G. HAT CORP.
(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. Nevada (State or country under the law of which it is incorporated) 3. 88 - 030333 Z (FEI number, if applicable)
(State or country under the law of which it is incorporated) 4. The law of which it is incorporated) (FEI number, if applicable) Fence to all the law of which it is incorporated) (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
4
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") 6.
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7 clo The HAT Co. 7400 So. LAS VEGAS BLVD #45
LAS VEGAS NV 89123
(Current mailing address)
8. Retail SALR of HEAdwear Form A PARTUREShip IN Florida (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: FRED BROFMAN
Name: FRED BROFMAN Office Address: 1107 BAHAMA BEND #CZ DEED 39 DEED 3
COCONUT CREEK, Florida, 33066 (Zip code)
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. (Registered agent's signalare)
(wegisteren agent 2 signame)
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: (Street address ONLY - P.O. Box NOT acceptable) A. DIRECTORS (Street address only - P.O. Box NOT acceptable) Chairman: __ ANNA Goodugas 856 CYPRESS PINES WAY Heuderson NV Vice Chairman: ______ JAMES TRUEWORTHY 10586 ADAMSONG AVE Address: _ Address: 1107 BAHAMA BOUL C-Z COCONUT CREEK FR Director: Address: B. OFFICERS (Street address only - P.O. Box NOT acceptable) 856 CYPRESS PINES WAY Address: 89015 Vice President: Nowe JAMOS TRUEWORTHY Secretary: Address: Treasurer: JAMES TRUEWORTHY Address: ____ 10586 ADAMSONG Ave NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Home P. (weinty , Sacroban (Signature of Chairman, Vice Chairman, or any officer listed in humber 12 of the application) JAMES P. TRLIEWORTHY, Secretary

(Typed or printed name and capacity of person signing application)



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, and limited-liability partnerships pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **T. G. HAT CORP.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since July 13, 1993, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on March 30, 1999.

Secretary of State

D. L. Jake

Certification Clerk

9 APR -8 AM 9: 5