# M17000003647

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Control Control
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only



800298559988

17 APR 28 AH 8: 57.
SECKETARY OF STATE
ALLAHASSEE, FLORIDA

**S Warren** 

MAY - 1 2017

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	: I2	000	000	00	195
-------------	------	-----	-----	----	-----

REFERENCE: 609273 4304335

AUTHORIZATION

COST LIMIT : (\$\7.63.75

ORDER DATE: April 20, 2017

ORDER TIME: 9:36 AM

ORDER NO. : 609273-310

CUSTOMER NO: 4304335

#### FOREIGN FILINGS

NAME: GFSI LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

### COVER LETTER

CHRIECT.	GFSI LLC					
ODJECI.	7.17	Name of	Limited Liability	Company		
he enclosed xistence, a	d "Application by Foreign Limite nd check are submitted to registe	d Liability Com	pany for Authoriza renced foreign limi	ition to Tra ted liability	insact Business in Florida," C company to transact busines	ertificate o s in Florid
ease returr	all correspondence concerning t	his matter to the	e following:			
	Liela Morad					
		<u></u>	lame of Person			
	Kırkland & Ellis LLP					
		ŗ	Firm/Company			
	300 North LaSalle Street					
			Address			
	Chicago, IL 60654					
		City/:	State and Zip Code			
	Janice.severt@hanes.com					
	E-mail ad	dress: (to be use	ed for future annual	report not	ification)	
or further i	nformation concerning this matte	r, please call:				
	Name of Contact P		at ( Area Code	_)	time Telephone Number	
	Name of Contact P	erson	Alea Code	Day	time releptione Namber	
	AILING ADDRESS:				ADDRESS:	
	Division of Corporations			Division of Corporations Registration Section		
-	gistration Section			Registrat Clifton B		
14	). Box 6327 lahassee, FL 32314				unung cutive Center Circle	
	ianassee, I'L JZJ14				ee, FL 32301	
Tal Enclosed is	a check for the following amount					
Tal Enclosed is	\$125.00 Filing Fee 💢 \$130.0	: 0 Filing Fee & ee of Status	□ \$155.00 Filit Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Cert of Status & Certified Copy	ificate

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605 0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

COMPANYTO TRANSACT BU	USINESS IN THE STATE OF FLORIDA:				
GFSI LLC					
(Name of Fore	eign Limited Liability Company; must include "L	.imited Liability Company," "L.L.C.," or	LLC.")		
(If name unavailable, enter a Liability Company," "L.L.C,	Iternate name adopted for the purpose of transact " or "LLC.")	ing business in Florida The alternate nam	e must include '	"Limit	ed
2. Delaware	J.	2810748			
company is organized)	of which foreign limited liability	(FEI number, if applicable)			
4. 3/11/2016			_		
	(Date first transacted business in Florida (See sections 605.0904 & 605.0905, F.S. t.	if prior to registration.) o determine penalty liability)			
5. 1000 East Hanes Mill	Road				
Winston-Salem, NC 2			_		
1000 22 - 23 - 2422	(Street Address of Principal Off	īce)	¥s.	<u>-</u> -	
6. 1000 East Hanes Mill I	Road			7	
Winston-Salem, NC 2			RET AHA	APR :	7]
	(Mailing Address)		SSI SSI	28	
7. Name and street address	ss of Florida registered agent: (P.O. Box No	<u>OT</u> acceptable)	E C	<b>≘</b>	m
Name:	Corporation Service Company			ά - <u>τ</u>	
Office Address:	1201 Hays Street		RATE ATE	57	
	Tallahasee	, Florida 32301	.12		
	(City)	(Zip code)			
designated in this applica to complywith the provisi	registered agent and to accept service of proceedion, I hereby accept the appointment as registered agent.  Corporation Service Company  (Registered agent's	gistered agent and agree to act in this complete performance of my duties,  Melissa	s capacity. If and I am fan Zender	urthe	r agree
8. The name, title or capa	acity and address of the person(s) who has/ha	eve authority to manage is/are:			
-	00 East Hanes Mill Road, Winston-Salem, N				
Joia M. Johnson 1	000 East Hanes Mill Road, Winston-Salem,	NC 27105, Manager			
	of existence, no more than 90 days old, duly of which it is organized. (If the certificate is ubmitted)  Signature of an author	in a foreign language, a translation of			
This document is executed submitted in a document to	f in accordance with section 605.0203 (1) (b) the Department of State constitutes a third of	, Florida Statutes. I am aware that any legree felony as provided for in s.817.	false informat 155, F.S.	ion	

Typed or printed name of signee

M. Scott Lewis

Page 1

## <u>Delaware</u>

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GFSI LLC" IS DULY FORMED UNDER THE

LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE TWENTIETH DAY OF APRIL, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GFSI LLC" WAS FORMED ON THE FIFTEENTH DAY OF JANUARY, A.D. 1997.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 202410055

Date: 04-20-17

2706842 8300 SR# 20172679641