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| PICK-UP | ☐ WAIT | MAIL | |
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| Certified Copies | _ Certificates | of Status | |
| Special Instructions to Filing Officer: | | | |
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SEURETARY OF STATE

COVER LETTER

| | Vom Dan Clathian LLC | |
|----------------------|--|--|
| SUBJECT: | Kora Rac Clothing LLC. | |
| | Nam | e of Limited Liability Company |
| | | Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida. |
| lease return | all correspondence concerning this matter t | to the following: |
| | DAYTON KLEIN | |
| | | Name of Person |
| | KORA RAE CLOTHING | |
| | | Firm/Company |
| | 1495 Black Rock Tpke, 2A | |
| | | Address |
| | Fairfield, CT 06825 | |
| | C | City/State and Zip Code |
| | dklein@korarae.com | |
| | E-mail address: (to be | e used for future annual report notification) |
| or further in | formation concerning this matter, please ca | II: |
| Day | rton Klein | 203 521-6729 at () |
| | Name of Contact Person | Area Code Daytime Telephone Number |
| | ling Address: | Street Address: |
| Registration Section | | Registration Section |
| | Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee | |
| | | |
| 1 a 1 | lahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 Tallahassec, FL 32303 |
| | losed is a check for the following amount: | DARTMENT OF STATE |
| | se make check payable to: FLORIDA DEF 125.00 Filing Fee \$130.00 Filing Fe Certificate of | e & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate |

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| If name unavailable, enter alternate i | name adopted for the purpose of transacting business in Fl | orida. The | alternate (| name must include "Limited Liabi | lity Company," | "L.L.C," o | or "LLC |
|--|---|--------------------------|---------------------|----------------------------------|----------------|------------|---------|
| Connecticut | | 3 | | 148492 | | | |
| (Jurisdiction under the law of which foreign limited liability company is organized) | | -/ | | (FEI number, if applicable) | | | |
| 1/1/2022 | | | | | | | |
| | (Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine | registratio ne penalt | n.) y liability) | | | | |
| 59 Short Street | | 6, | | Black Rock Tpke | | | |
| Street Address of Principal Office) | | 01 | () | dailing Address) | • | | _ |
| Shelton, CT 06484 | | | Suite 2 | 2A | • | | |
| | | | Fairfie | eld, CT 06825 | | | |
| Name and street addres | ss of Florida registered agent: (P.O. Box | <u>NOT</u> | accepta | ıble) | • | | |
| Name: | Rachel Turzer | | | | SECRE! | 2022 FEB | |
| Office Address: | 18 Hersey Drive | | | | YEA O | 28 P | |
| | Ocean Ridge | | | 33435 ,- | FĽOF | PH 12: | ₹ |
| | (City) | | | (Zip code) | | 17 | |

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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 signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| Name: Dayton Klein | | |
|--------------------|--|----------------------------|
| | ■Manager | Name: Rachel Turzer |
| Address: | Member | Address: 18 Hersey Drive |
| | □Authorized | Ocean Ridge, Florida 33435 |
| | Person | |
| Other | Other | Other |
| Name: | ☐Manager | Name: |
| Address: | _ | Address: |
| | _ | |
| | _ Person | |
| Other | Other | Other |
| Name: | _ □Manager | Name: |
| Address: | _ | Address: |
| | _ Authorized | |
| | Person | |
| Other | Other | Other |
| | Shelton, CT 06484 Other Name: Other Address: Address: | |

Vien Typed or printed name of signer

Secretary of the State of Connecticut Certificate of Legal Existence

Certificate of Legal Existence Certificate

Date Issued: February 23, 2022

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of organization for the below domestic limited liability company was filed in this office.

A certificate of dissolution has not been filed, and so far, as indicated by the records of this office, such limited liability company is in existence.

Business Details

| Business Name | KORA RAE CLOTHING LLC | |
|----------------|-----------------------|--|
| Business ALEI | US-CT.BER:1089410 | |
| Formation Date | 11/20/2012 | |

Secretary of the State

in Whenk

Business ALEI: US-CT.BER:1089410

Note: To verify this certificate, visit Business.ct.gov

Page 1 of 1

Certificate Number: C-00029117