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(Address)

(Address)

(City/State/Zip/Phone #)

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K. Brumby

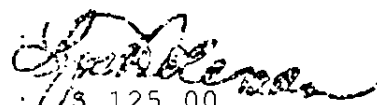
CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : 120000000195

REFERENCE : 757375 8463000

AUTHORIZATION

COST LIMIT : \$ 125.00



ORDER DATE : November 8, 2024

ORDER TIME : 9:09 AM

ORDER NO. : 757375-055

CUSTOMER NO: 8463000

FOREIGN FILINGS

NAME: STATESIDE BRANDS LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Miller -- EXT#

EXAMINER: _____

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
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Stateside Brands LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Pennsylvania 46-2520360
(Jurisdiction under the law of which foreign limited liability company is organized) (FEE number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 161 Cecil B. Moore Ave., Unit 103, 1700 N. Hancock St.,
(Street Address of Principal Office) (Mailing Address)

Philadelphia, PA 19122 Philadelphia, PA 19122

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

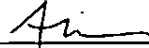
Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

APPROVED
AND
FILED
2024 DEC 10 PM 1:27
TALLAHASSEE, FLORIDA
CLERK OF STATE

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.

Corporation Service Company

By: 
(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]:

Title or Capacity: _____ **Name and Address:** _____
Clement Pappas
☒ Manager Name: _____
☐ Member Address: 1700 N. Hancock St.
☐ Authorized Philadelphia, PA 19122
Person _____
☐ Other _____ ☐ Other _____

Title or Capacity: _____ **Name and Address:** _____
Zachary Pappas
☒ Manager Name: _____
☐ Member Address: 1700 N. Hancock St.
☐ Authorized Philadelphia, PA 19122
Person _____
☐ Other _____ ☐ Other _____

☒ Manager Name: **Matthew Quigley**
☐ Member Address: 1700 N. Hancock St.
☐ Authorized Philadelphia, PA 19122
Person _____
☐ Other _____ ☐ Other _____

☒ Manager Name: **Bryan Quigley**
☐ Member Address: 1700 N. Hancock St.
☐ Authorized Philadelphia, PA 19122
Person _____
☐ Other _____ ☐ Other _____

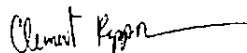
☒ Manager Name: **Sebastien Besson**
☐ Member Address: 1700 N. Hancock St.
☐ Authorized Philadelphia, PA 19122
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

Clement Pappas

Typed or printed name of signer

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717-787-1057
dos.pa.gov/BusinessCharities

Regarding: Stateside Brands LLC
Request Type: Subsistence Certificate **Issuance Date:** December 02, 2024
Request No.: 047070022 **File No.:** 0004177388
Receipt No.: 001320883
Filing Type: Domestic Limited Liability Company
Filing Subtype: Limited Liability Company
Initial Filing Date: March 08, 2013
Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

Stateside Brands LLC

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused the seal
of my office to be affixed, the day and year
above written

Albert Schmidt
Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov