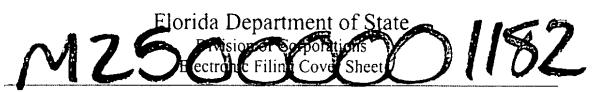
Division of Corporations

To: 1



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: jcaffarella@dxlg.com

Foreign Limited Liability Company CMRG APPAREL, LLC

Certificate of Status	0
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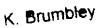


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To: →

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

	BUSINESS IN THE STATE OF FLORIDA:		
1. Name of Foreign	CMRG APPAR II Limited Eliability Company; must include "Limi	tEL, LLC red Liability Company """L.L.C. " or "LLC.")	
(a zamine zavimy company, most memore simi	ina bidomy company, Bilbox, or about,	
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in	Florids. The alternate name must include "Limited Link	ility Company," "E.L.C," or "L.L.C,")
Delaware		20-8338319	
(Jurisdiction under the law of	which foreign limited liability company is organized)	3. (FEI number	, if applicable)
4	(Date first transacted business in Florida, if prot to (See sentions 605 0904 & 505 0905, F.S. to determ	o registration.) nice penalty liability)	
555 Turnpike Street		555 Turnpike Street	
5. (Street Address of Principal Office)		6. (Mailing Address)	
Canton, MA 02021		Canton, MA 02021	
Atttn: Legal Departme	ent	Attn: Legal Department	~
7. Name and street addre	ss of Florida registered agent: (P.O. Box	x <u>NOT</u> acceptable)	025 JAN
Name:	C T Corporation System		ILEO ILEO
Office Address:	1200 South Pine Island Road		H 9: 2
	Plantation	33324 , Florida	-
	(City)	(Zip code)	_
designated in this applicate comply with the provisi	tance: gistered agent and to accept service of p tion, I hereby accept the appointment as ons of all statutes relative to the proper t of my position as registered agent.	s registered agent and agree to act in t	his capacity. I further agree
	C T Corporation System y:	James Tanks	mes Tanks
	(Registered agent's s	signature)	_

12122023573

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:	Title or Capacity	: Name and Address:
■ Manager	Name: Harvey S. Kanter	⊠Manager	Name: Peter H. Stratton, Jr.
□Member	Address: 555 Turnpike Street	⊡Member	Address:
□Authorized	Canton, MA 02021	☐ Authorized	Canton, MA 02021
Person		Person	<u></u>
□Other	Other	Other	□Other
□Manager	Name:	⊡Manager	Name:
⊡Member	Address: 555 Turnpike Street	□Member	Address:
□Authorized	Canton, MA 02021	☐ Authorized	
Person		Person	
□Other	□Other	□Other	Other
□Manager	Name:	□Manager	Name:
_!Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	L!Other	□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

Peter H. Stratton, Jr.

Typed or printed name of signee



Page 1

I, KRISTOPHER E. KNIGHT, ACTING SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CMRG APPAREL, 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 TWENTY-FOURTH DAY OF JANUARY, A.D. 2025.

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

Kristopher E. Knight, Acting Secretary of State
Authentication: 202773074

Date: 01-24-25

3377237 8300 SR# 20250246778