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State of Rhode Island and Providence Plantations
Department of State - Business Services DivisionRECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
2018 OCT 23 PM 12:19**Application for Certificate of Authority**
FOREIGN Business Corporation

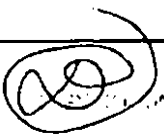
→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is: Converse Inc.		
2. It is incorporated under the laws of: Delaware		
3. The name, if different, which it elects to use in Rhode Island is: (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island: . (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:		
4. The date of its incorporation is: 02/22/2001		
And the period of its duration is: CHECK ONE BOX ONLY <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is: 1 LOVEJOY WHARF, BOSTON, MA, 02114		
6. The name and address of the initial registered agent/office in Rhode Island: Agent Name United Agent Group Inc. Street Address (NOT a P.O. Box) 10 Dorrance Street #700		
City/Town Providence	State RHODE ISLAND	Zip Code 02903

MAIL TO:Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.govFILED
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BY *[Signature]* GSVFS
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FORM 150 - Revised 12/2017

7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: Sporting and Athletic Goods Manufacturing			
8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):			
NAME	ADDRESS		
Davide Grasso	1 LOVEJOY WHARF, BOSTON, MA, 02114		
Ravi Thanawala	1 LOVEJOY WHARF, BOSTON, MA, 02114		
Ann Marie Miller	1 LOVEJOY WHARF, BOSTON, MA, 02114		
Colin William Graham	Torenlaan 43, Hilversum, 1217RV, Netherlands, NL		
Check the box to indicate an attachment <input type="checkbox"/>			
8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):			
OFFICE	NAME	ADDRESS	
PRESIDENT	Davide Grasso	1 LOVEJOY WHARF, BOSTON, MA, 02114	
VICE PRESIDENT	Ravi Thanawala	1 LOVEJOY WHARF, BOSTON, MA, 02114	
TREASURER	Ravi Thanawala	1 LOVEJOY WHARF, BOSTON, MA, 02114	
SECRETARY	Rodney Carnell Pratt	1 LOVEJOY WHARF, BOSTON, MA, 02114	
Check the box to indicate an attachment <input checked="" type="checkbox"/>			
9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:			
NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
100	Common		.001
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
10. An estimate, as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.) 0.00 _____ %			
11. An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.) 0.0133 _____ %			

12. This application must be accompanied by a <u>Certificate of Good Standing</u> Letter of Status from the state or country of formation dated within 60 days of the date of this filing.	
13. Date when the Certificate of Authority will be effective CHECK ONE BOX ONLY	
<input checked="checked" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____	
Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.	
Type or Print Name of Authorized Officer	Date
Danielle Gossman, Attorney-in-Fact	10/22/2018
Signature of Authorized Officer of the Corporation 	

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

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Converse Inc.

Name	Title & Address
Davide Grasso	Director, President & Chief Executive Officer 1 LOVEJOY WHARF, Boston, MA, 02114
Ravi Thanawala	Director, Vice President & Chief Financial Officer, Treasurer 1 LOVEJOY WHARF, Boston, MA, 02114
Kodney Carneil Pratt	Vice President and Secretary 1 LOVEJOY WHARF, Boston, MA, 02114
Ann Marie Miller	Director & Assistant Secretary 1 LOVEJOY WHARF, Boston, MA, 02114
Colin William Graham	Director & Assistant Secretary Torenlaan 43, Hilversum 1217RV, Netherlands
Megan Radonich	Assistant Treasurer 1 LOVEJOY WHARF, Boston, MA, 02114
Sean M. Venden	Assistant Secretary 1 LOVEJOY WHARF, Boston, MA, 02114
Julia Coyne	Assistant Secretary 1 LOVEJOY WHARF, Boston, MA, 02114
Adrian Livingston Bell	Assistant Secretary 1 LOVEJOY WHARF, Boston, MA, 02114
Scott Hurley	Assistant Secretary & Global Controller 1 LOVEJOY WHARF, Boston, MA, 02114

Limited Power of Attorney

The undersigned Officer of Converse Inc., a Delaware entity ("the Company"), appoints Danielle Gossman as attorney-in-fact(s) for the Company and its subsidiaries for the limited purposes authorized in this Limited Power of Attorney. Kara Rosa, Special Secretary grants to the attorney-in-fact the power to execute the documents necessary to change the registered agent, change of address, amendments, fictitious name registrations, fictitious name renewals, qualifications, annual reports, amended annual reports, initial reports, obtain tax clearance/compliance certificate(s), withdraw, dissolve, reinstate, convert or form the Company and its subsidiaries. The named individuals shall act in such office and with such authority as is required to effect the changes contemplated in this Limited Power of Attorney.

This Limited Power of Attorney expires on the earlier of (a) the filing of change of registered agents and/or change of address and/or amendments and/or fictitious name registrations and/or fictitious name renewals and/or qualifications and/or annual reports and/or amended annual reports and/or initial reports and/or withdraw and/or dissolve and/or formations and/or reinstate for the Company and its subsidiaries or (b) six months after the Effective Date set forth below. The Company may revoke this Power of Attorney at any time by written notice to United Agent Group Inc. 11380 Prosperity Farms Road #221E, Palm Beach Gardens, FL 33410.

The undersigned has executed this Limited Power of Attorney effective as of this 5th day of October 2018.

Converse Inc.

By: _____

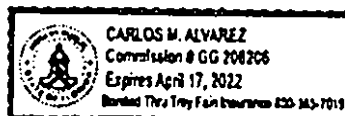
Name: Kara Rosa

Title: Special Secretary

STATE OF FLORIDA
COUNTY OF PALM BEACH

Subscribed and sworn to before me this 5th day of October 2018.

Notary Public



Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CONVERSE INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONVERSE INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF FEBRUARY, A.D. 2001.

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 OCT 23 PM 12:19



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SR# 20186966857

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203542748

Date: 10-03-18



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

October 23, 2018 12:19 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

