



State of Rhode Island and Providence Plantations
 Department of State - Business Services Division

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 DEPARTMENT OF STATE
 CORPORATION DIVISION
 2019 MAY 29 PM 12:06

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: IT'S GREEK TO ME, INC.		
2. It is incorporated under the laws of: Kansas		
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: 02/25/1992 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: 520 MCCALL RD., MANHATTAN, KS 66502		
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.gov

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7 The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are
MANUFACTURING SPECIALTY APPAREL

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
M. Scott Lewis	1000 East Hanes Mill Road, Winston Salem, NC 27105
Joia M. Johnson	1000 East Hanes Mill Road, Winston Salem, NC 27105

Check the box to indicate an attachment

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		
VICE PRESIDENT	ELIZABETH C. SOUTHERN	1000 East Hanes Mill Road, Winston Salem, NC 27105
TREASURER		
Asst SECRETARY	ELIZABETH C. SOUTHERN	1000 East Hanes Mill Road, Winston Salem, NC 27105

Check the box to indicate an attachment

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
1,000,000	Common	N/A	US\$1

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 _____ %

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 1 _____ %

12. This application must be accompanied by a Certificate of Good Standing/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**

Date received (Upon filing)

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

Elizabeth C. Southern, Vice President and Assistant Secretary

Date

28 May 2019

Signature of Authorized Officer of the Corporation

Elizabeth C. Southern

SIGN DOCUMENT HERE

**STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
SCOTT SCHWAB**

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 1827203

Entity Name: IT'S GREEK TO ME, INC.

Entity Type: DOM: FOR PROFIT CORPORATION

State of Organization: KS

Resident Agent: UNITED AGENT GROUP INC.

Registered Office: 4601 E Douglas Avenue #700, WICHITA, KS 67218

was filed in this office on February 25, 1992, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of April 05, 2019

**SCOTT SCHWAB
SECRETARY OF STATE**

Certificate ID: 1098144 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.

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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:

May 29, 2019 12:06 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

