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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP    WAIT    MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
Maverick Work Wear, Inc.

**SUBJECT:** \_\_\_\_\_  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:  
Charlie Poeske

	Name of Person
Maverick Work Wear, Inc.	
	Firm/Company
58 Concord Street	
	Address
North Reading, MA 01864	
	City/State and Zip code
legal@bruntworkwear.com	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Charlie Poeske	978	857-4367	
Name of Person	Area Code	Daytime Telephone Number	at ( _____ ) _____

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$70.00 Filing Fee       \$78.75 Filing Fee & Certificate of Status       \$78.75 Filing Fee & Certified Copy       \$87.50 Filing Fee, Certificate of Status & Certified Copy

**-APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

Maverick Work Wear, Inc.

1. BRUNT Workwear  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

BRUNT Workwear

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

Delaware 84-2071533

2. Delaware 3. 84-2071533  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

05/30/2019

4. 05/30/2019 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

09/06/2022

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

58 Concord Street, North Reading, MA 01864

7. \_\_\_\_\_  
(Principal office street address)

\_\_\_\_\_  
(Current mailing address, if different)

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

Name: Registered Agents Inc

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702  
(City) (Zip code)

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9. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation 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.*

Bill Havre

Registered Agents Inc.  
Bill Havre - Assistant Secretary

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

Eric Girouard

- Chairman Name: \_\_\_\_\_  
11 Shay Lane
- Vice Chairman Address: \_\_\_\_\_  
North Reading, MA 01864
- Director \_\_\_\_\_
- President \_\_\_\_\_
- Vice President \_\_\_\_\_
- Secretary  Treasurer
- Other \_\_\_\_\_  Other \_\_\_\_\_

- Chairman Name: \_\_\_\_\_
- Vice Chairman Address: \_\_\_\_\_
- Director \_\_\_\_\_
- President \_\_\_\_\_
- Vice President \_\_\_\_\_
- Secretary  Treasurer
- Other \_\_\_\_\_  Other \_\_\_\_\_

Kevin Eskridge

- Chairman Name: \_\_\_\_\_  
16916 Wesley Chapel Road
- Vice Chairman Address: \_\_\_\_\_  
Monkton, MD 21111
- Director \_\_\_\_\_
- President \_\_\_\_\_
- Vice President \_\_\_\_\_
- Secretary  Treasurer
- Other \_\_\_\_\_  Other \_\_\_\_\_

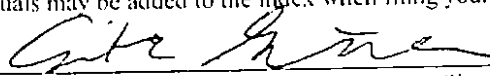
- Chairman Name: \_\_\_\_\_
- Vice Chairman Address: \_\_\_\_\_
- Director \_\_\_\_\_
- President \_\_\_\_\_
- Vice President \_\_\_\_\_
- Secretary  Treasurer
- Other \_\_\_\_\_  Other \_\_\_\_\_

David Chernow

- Chairman Name: \_\_\_\_\_  
341 E Street
- Vice Chairman Address: \_\_\_\_\_  
Unit 1
- Director \_\_\_\_\_  
Boston, MA 02127
- President \_\_\_\_\_
- Vice President \_\_\_\_\_
- Secretary  Treasurer
- Other \_\_\_\_\_  Other \_\_\_\_\_

- Chairman Name: \_\_\_\_\_
- Vice Chairman Address: \_\_\_\_\_
- Director \_\_\_\_\_
- President \_\_\_\_\_
- Vice President \_\_\_\_\_
- Secretary  Treasurer
- 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.

12.   
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

Eric Girouard

13. \_\_\_\_\_  
(Typed or printed name and capacity of person signing application)

# Delaware

The First State

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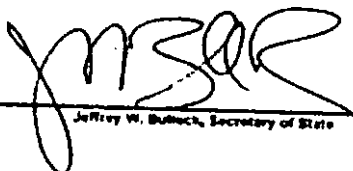
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MAVERICK WORK WEAR, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING, AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF NOVEMBER, A.D. 2022.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAVERICK WORK WEAR, INC." WAS INCORPORATED ON THE THIRTIETH DAY OF MAY, A.D. 2019.

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



  
Jeffrey W. Bullock, Secretary of State

7443215 8300

SR# 20223932802

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204780219

Date: 11-04-22