

F1400000246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

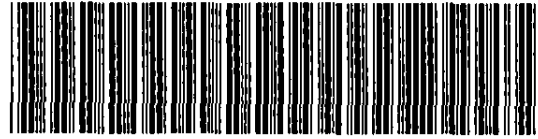
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700255009127

RECEIVED
DEPARTMENT OF STATE
14 JAN 17 AM 11:09

RECEIVED
DEPARTMENT OF STATE
FALLAHASSEE, FLORIDA
14 JAN 17 AM 8:19

K 01/21/14



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 965457 7116721
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 70.00

ORDER DATE : January 16, 2014
ORDER TIME : 4:19 PM
ORDER NO. : 965457-005
CUSTOMER NO: 7116721

FOREIGN FILINGS

NAME: SYSTEMAX GLOBAL SOLUTIONS INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: _____

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.

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

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

2. Delaware 3. 35-2488392
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/30/13 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 1/3/14
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 11 Harbor Park Drive, Port Washington, NY 11050
(Principal office address)

11 Harbor Park Drive, Port Washington, NY 11050
(Current mailing address)

8. Employment of IT related employees
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. 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)

14 JAN 17 AM 8:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

10. **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.

Corporation Service Company
By: [Signature] Sue G. Knight
(Registered agent's signature) Assistant Vice President

11. 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.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Robert Leeds, Director
Address: 7795 West Flagler Street, Miami, FL 33144

Vice Chairman: Bruce Leeds, Director
Address: 7795 West Flagler Street, Miami, FL 33144

Director: Richard Leeds, Director
Address: 7795 West Flagler Street, Miami, FL 33144

Director: _____
Address: _____

B. OFFICERS

President: Lawrence Reinhold
Address: 11 Harbor Park Drive, Port Washington, NY 11050

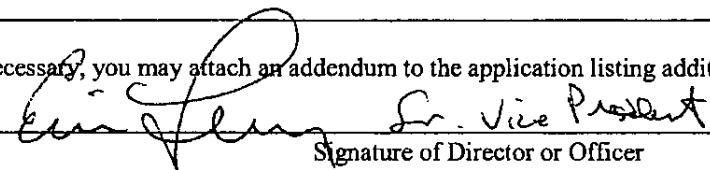
Vice President: Manoj Shetty
Address: 7795 West Flagler Street, Miami, FL 33144

Secretary: Eric Lerner
Address: 11 Harbor Park Drive, Port Washington, NY 11050

Treasurer: _____
Address: _____

RECEIVED
14 JAN 17 AM 8:19
SECRETARY OF PLANE
TALLAHASSEE FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

14. Eric Lerner, Secretary
(Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SYSTEMAX GLOBAL SOLUTIONS 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 SIXTEENTH DAY OF JANUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SYSTEMAX GLOBAL SOLUTIONS INC." WAS INCORPORATED ON THE THIRTIETH DAY OF OCTOBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

14 JAN 17 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5424069 8300

140059295



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

Handwritten signature of Jeffrey W. Bullock, Secretary of State.

Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1067111

DATE: 01-16-14