FOROOCOUGH438

TRANSMITTAL LETTER		
TO: Registration Section Division of Corporations		
SUBJECT: JONEV SUDD / LOMP and Subject: (Name of corporation - must include suffix)		
(Ivaine of corporation - must mende surjuly		
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign comporation to transact business in Florida.		
Please return all correspondence concerning this matter to the following:		
Prithiveral Singh (Name of Person)		
(Name of Person)		
Toner Supply Company) (Firm/Company)		
8557 Wyoming Avenue North #4		
Brooklyn Park Minnesota 55445		
(City/State and Zip code)		
For further information concerning this matter, please call: 700074254775 -08/29/0201042008 ******78.75 ******78.75		
Prittiveral Singh at (763) 434-9380 (Name of Person) (Area Code & Daytime Telephone Number)		
(Name of Person) (Area Code & Daytime Telephone Number)		
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for the following amount:		
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certificate of Status & Certificate Opy		

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
1. Toner Supply Company
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a
natural person or partnership if not so contained in the name at present.)
2. MINNESOTA 3. 4059427 12.
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01/06/1999 5. 1erpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. IDON GUALICATION
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 8557 Wyoming Avenue Mrth #H. Brooklyn Park MN 55445 (Principal office address)
(Principal office address)
50Me
(Current mailing address) (DeDir Draducts + toner Service
(Current mailing address) (poper products + toner Services. To provide services relevent to office related mother.
(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 or Mail Drop Box NOT acceptable)
Name: Prithiveral Singh
Name: Prithiveral Singh Office Address: 285 Marshtlawk Lane # 18-107
Orange Park, Florida 32003 (City) (Zip code)
(City) (Zip code)
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 pbligations of my position as registered agent.

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.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors:		
A. DIRECTORS		
Chairman: Prithiveral Singh (Sole owner) Address: 8557 Wyoming Avenue North #H Brooklyn Park Minnesota 55445		
Address: 8557 Wyoming Avenue North #4		
Brooklyn Park Minnesota 55445		
Vice Chairman:		
Address:	_	
	82 Kg	
Director:		
Address:	9 820	
	<u> </u>	
Director:	<u> </u>	
Address:	84 NS	
B. OFFICERS		
President:		
Address:		
Vice President:		
Address:		
Autress.		
Secretary:		
Address:	·.	
Treasurer:		
Address:		
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.		
13: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)		
14. With veral Singh (Typed or printed name and capacity of person signing application)		
(Typed of printed name and capacity of person against approximation)		

state of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

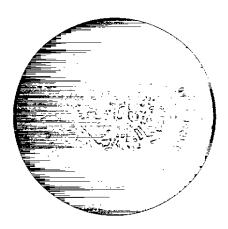
I, Mary Kiffmeyer, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: Toner Supply Company

Date Formed: 01/06/1999

Chapter Governed By: 302A

This certificate has been issued on 08/21/02.



Mary Hiffmager Secretary of State.