

F07000002750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

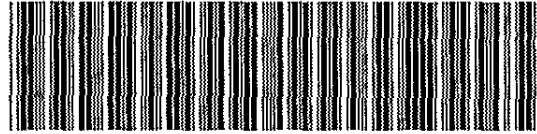
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/14/07--01039--008 **78.75

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2007 MAY 24 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W07-23863

T. Hampton MAY 24 2007

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: JA ASSOCIATES, INC.
(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," 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:

Joseph Aiello
(Name of Person)

JA ASSOCIATES DBA THE OFFICE SOURCE
(Firm/Company)

P.O. Box 796
(Address)

New SMYRNA BEACH FL 32170
(City/State and Zip code)

For further information concerning this matter, please call:

Joseph Aiello # (386) 426-8552
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing 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 & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 15, 2007

JOSEPH AIELLO
JA ASSOCIATES INC
P O BOX 796
NEW SMYRNA BEACH, FL 32170

SUBJECT: JA ASSOCIATES, INC.
Ref. Number: W07000023263

We have received your document for JA ASSOCIATES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is F84611 (J & A ASSOCIATES, INC).

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Document Specialist

Letter Number: 807A00033819

RECEIVED
07 MAY 24 PM 1:52
TAMMY HAMPTON
DOCUMENT SPECIALIST
DIVISION OF CORPORATIONS
STATE OF FLORIDA

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. JA ASSOCIATES, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

ERGO WORKPLACE SOLUTIONS INC.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. CONNECTICUT 3. 06-1332194
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. OCT 1991 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 1966 TURNBULL LAKES DR. N.S.B. FL. 32168
(Principal office address)

P.O. BOX 796 N.S.B. FL. 32170
(Current mailing address)

8. SELLING OF OFFICE SUPPLIES/OFFICE FURNITURE/ERGONOMIC PRODUCTS
(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: Joseph Aiello

Office Address: 1966 TURNBULL LAKES DR.

NEW SMYRNA BEACH, Florida 32168
(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 obligations of my position as registered agent.

Joseph Aiello
(Registered agent's signature)

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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: LINDA J. Aiello

Address: 1966 TURNBULL LAKES DR

N. S. B. FL 32168

Vice President: Joseph Aiello

Address: 1966 TURNBULL LAKES DR.

N. S. B. FL 32168

Secretary: LINDA J. Aiello

Address: 1966 TURNBULL LAKES DR. N.S.B FL. 32168

Treasurer:

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

13. Joseph Aiello
(Signature of Director or Officer listed in number 12 of the application)

14. Joseph Aiello V.P.
(Typed or printed name and capacity of person signing application)

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,
DO HEREBY CERTIFY, that the certificate of incorporation of

JA ASSOCIATES, INC.

a domestic STOCK corporation, was filed in this office on December 05, 1991, a certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far as indicated by the records of this office such corporation is in existence.



Secretary of the State

Date Issued: April 24, 2007

Business ID: 0268314

Express

Certificate Number: 2007100459001

Note: To verify this certificate, visit the web site <http://www.concord.sots.ct.gov>