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2/7/11

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: LANE OFFICE FURNITURE 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," 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:

Carra Duran for Incorp Services, Inc.

Name of Person

Incorp Services, Inc.

Firm/Company

2360 Corporate Circle, Suite 400

Address

Henderson, NV 89074-7722

City/State and Zip code

avery@laneoffice.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carra Duran

at (702) 866-2500

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 Cop ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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**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. LANE OFFICE FURNITURE 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. New York

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. 08/06/1992

(Date of incorporation)

5.

Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Filing

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

7. 205 LEXINGTON AVENUE 11TH FLOOR NEW YORK, NEW YORK, 10016

(Principal office address)

205 LEXINGTON AVENUE 11TH FLOOR NEW YORK, NEW YORK, 10016

(Current mailing address)

8. Any legal activity

(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: **Incorp Services, Inc.**

Office Address: **17888 67th Court North**

Loxahatchee

(City)

Florida **33470**

(Zip code)

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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.

 on behalf of **Incorp Services, Inc.**
(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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DIVISION OF CORPORATE AFFAIRS

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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: GREGORY BURKE

Address: 63 THIRD STREET

GARDEN CITY, NY 11530

Vice President: _____

Address: _____

Secretary: ANER WASDELL

Address: 126 COVE RD. OYSTER BAY, NY 11771

Treasurer: ANER WASDELL

Address: 126 COVE RD. OYSTER BAY, NY 11771

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

13. ☒ Aner Wasdell

(Signature of Director or Officer listed in number 12 of the application)

14. ANER WASDELL, Secty. Treasurer

(Typed or printed name and capacity of person signing application)

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of LANE OFFICE FURNITURE INC. was filed on 08/06/1992, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



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*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 25th day of January two
thousand and eleven.*

First Deputy Secretary of State