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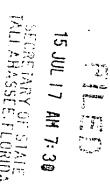
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(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Office Use Only



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July 7, 2015

LISA KARR 901 MURRAY RD E HANOVER, NJ 07936

SUBJECT: FIDELITY PAPER & SUPPLY CORP

Ref. Number: W15000045673

We have received your document for FIDELITY PAPER & SUPPLY CORP and your check(s) totaling \$87.50. 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.

Please return the corrected original and one copy of 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) 245-6051.

Letter Number: 515A00014116

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FIBELITY PAPER & SUPPLY CORP. Name of corporation - must include suffix
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:
LISA KARL Name of Person
Name of Person FINELITY PAPER & SUPPLY CORP Firm/Company 901 Murray Pad Address
Firm/Company
901 Murray Road
J Address
E-mail address: (to be used for future annual report notification)
City/State and Zip code
/ ISAKO ridelitulaler COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LISA ILAR at (973) 599 - 0222 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section MAILING ADDRESS: Registration Section
Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301
Enclosed is a check for the following amount:
□ \$70.00 Filing Fee Certificate of Status □ \$78.75 Filing Fee & Certificate of Status Certified Copy \$87.50 Filing Fee, Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO EIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
(Enter name of co	rporation; must include "INCORPORATED," "COMPANY," "CORPORATION," orp," "Inc," "Co," or "Corp.")
(If name unavailal	ble in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. NEW	TERSEY under the law of which it is incorporated) 3. 22 -1616033 (FEI number, if applicable)
(State or country	under the law of which it is incorporated) (FEI number, if applicable)
4. Octobe	under the law of which it is incorporated) (FEI number, if applicable) Perfectual (Date of duration, if other than perpetual)
(Date o	of incorporation) (Date of duration, if other than perpetual)
6.	June 2010
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 901 Mu	vvay Road Rost Lamover, NJ 07936 (Principal office address)
	(Principal office address)
	िं जे
	(Current mailing address, if different)
8. Name and street	address of Florida registered agent: (P.O. Box NOT acceptable)
Name:	Fidelity Paper & Supply / Lise Karr SPESSANE 37-19 NW 72 Street
Office Address:	3719 NW 72 Street
	Hialeah, Florida 33/42 (City) (Zip code)
	(City) (Zip code)
designated in this (further agree to co	nt's acceptance: ed as registered agent and to accept service of process for the above stated corporation at the place application, I hereby accept the appointment as registered agent and agree to act in this capacity. Imply with the provisions of all statutes relative to the proper and complete performance of my amiliar with and accept the obligations of my position as registered agent.
	La Kan
	(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. Names and business addresses of officers and/or directors: A. DIRECTORS EIE GUARIGLIA NW 72 STREET, HIALEAH, FL 33142 Vice Chairman: Address: _____ Director: Address: Director: **B. OFFICERS** President: DAVID GWARIGLIA 901 Murray Road last homover, NJ Vice President: Address: Secretary: ___ Address: Treasurer: ____ Address: __ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. 13. LISA ILARR

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

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

FIDELITY PAPER & SUPPLY CORP.

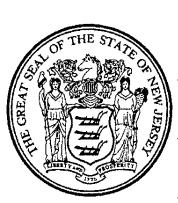
3862240000

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on October 25, 1957.

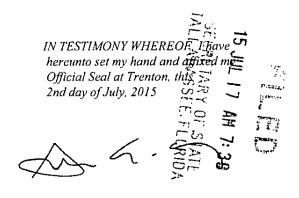
As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Erin Macgeorge 901 Murray Road, Po Box 376 East Hanover, NJ 07936



Certification# 136823580



Andrew P Sidamon-Eristoff
State Treasurer

Verify this certificate at https://www1.state.nj.us/TYTR StandingCert/JSP/Verify Cert.jsp