F18000004849

(Re	questor's Name)					
(Ad	dress)					
(Ad	dress)					
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nam	ne)				
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						
/						

Office Use Only

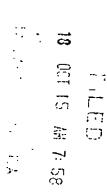


200319389032

10/16/18--01041--005 **87.50

RECEIVED

OCT 1 5 2018



COVER LETTER

TO:	Registration Section Division of Corp				
	•	RINTING & OFFICE PI	RODUCTS	INC.	
SUBJ	ECT:	NI 6		and a section	
		Name of cor	poration -	must include suffix	
Dear S	Sir or Madam:				
"Certi	ficate of Existence		ood Standi	athorization to Transact ng" and check are subm in Florida.	
	return all correspo	ondence concerning th	is matter to	the following:	
-		Ŋ	lame of Pe	rson	
CARC	OL PRINTING & OF	FICE PRODUCTS INC			
		F	irm/Compa	ıny	
373 W	OOD DOVE AVEN	UE	•		
			Address	-	
TARP	ON SPRINGS, FLO	RIDA 34689			
		Cit	y/State and	Zip code	
Carol	orin@aol.com				
		E-mail address: (to	be used for	future annual report no	tification)
For fu	rther information o	oncerning this matter	, please cal	I:	
MARTIN EGELAND 631 at (315-5061		
	Name of Person		rea Code	Daytime Telepho	one Number
	STREET/COUR Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	orations Center Circle		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	etion porations
Enclo	sed is a check for t	he following amount:			
□ \$7	0.00 Filing Fee	□ \$78.75 Filing Fee Certificate of Sta		\$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee. Certificate of Status & Certified Copy

'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.		ING & OFFICE PRODUCTS INC.	" "COMPANY" "CORPORATION"				
		orporation; must include "INCORPORATED orp." "Inc." "Co." or "Corp.")	, "COMPANY, "CORPORATION,				
. (If name unavaila	ble in Florida, enter alternate corporate name	e adopted for the purpose of transacting busi	ness in	Florida)		
2.	NEW YORK	3	13-3924634				
<u>-</u> .	(State or country under the law of which it is incorporated)		(FEI number, if applicable)				
4.	JANUARY 08,	1997 5					
	(Date	of incorporation)	(Date of duration, if other than perpetual)				
6.	<u> </u>			<u> </u>	>		
			in Florida, if prior to registration) 1502, F.S., to determine penalty liability)		<u></u>		
7 3		E AVENUE, TARPON SPRINGS, FLORIE	DA 34689		-		
- ' '	7. (Principal office address)						
				-	- 12 ·		
_		(Current mail	ling address, if different)		: 58		
8.	Name and stree	t address of Florida registered agent: (P	.O. Box NOT acceptable)				
	Name:	MARTIN EGELAND					
Office Address:	fice Address:	373 WOOD DOVE AVENUE					
	TARPON SPRINGS	. Florida					
		(City)	(Zip code)				

9. 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.

(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 Chairman: Address: _____ Vice Chairman: Address: Director: ____ Address: Director: Address: _____ 77,00 **B. OFFICERS** MARTIN EGELAND President: 373 WOOD DOVE AVENUE Address: TARPON SPRINGS, FLORIDA 34689 MARY EGELAND Vice President: 373 WOOD DOVE AVENUE Address: TARPON SPRINGS, FLORIDA 34689 MARY EGELAND Secretary: 373 WOOD DOVE AVENUE TARPON SPRINGS, FLORIDA 34689 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. MARTIN EGELAND PRESIDENT

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of CAROL PRINTING & OFFICE PRODUCTS INC. was filed on 01/08/1997, 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.

The Biennial Statement is past due.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 24th day of September two thousand and eighteen.

Brendan W. Fitzgerald Executive Deputy Secretary of State