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FOREIGN PROFIT/NONPROFIT CORPORATION NATIONWIDE OFFICE PRODUCTS GROUP, INC.

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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.

I. NATIONWIDE OFFICE PRODUCTS GROUP, INC. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" "Inc.,""Co.," "Corp.," "Inc," "Co," or "Corp.")		
(If name unavailable in Florida, enter alternate corporate name	e adopted for the purpose of transacting business in Florida)	
2 NEW YORK (State or country under the law of which it is incorporated)	(FEI number, if applicable)	
4_5/25/2011	5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")	
(Date of incorporation)	(Duration: Year corp. with cease to exist of perpetual)	
6. N/A		
	iness in Florida if prior to registration.) 607.1502, F.S., to determine penalty liability)	
7. 747 THIRD AVE, 2ND FL, NEW YORK, NY	10017	
	ripal office address)	
747 THIRD AVE, 2ND FL, NEW YORK, NY	10017	
	ent mailing address)	
8. Name and street address of Florida registered agent: Name:DAVID ACKERMAN Office Address:10185 COLLINS AVE	Florida, 33154 Cap code) 7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
this application. I hereby accept the appointment as registe with the provisions of all statutes relative to the proper and the obligations of my position as registered agent.	ce of process for the above stated corporation at the place designated in the agent and agree to act in this capacity. I further agree to comply complete performance of my duties, and I am familiar with and accept ent's signature) DAVID ACKERMAN	

^{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.

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A. DIRECTORS (Street address only - P.O. Box NOT acceptable)
Chairman:
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President: BRETT ACKERMAN
Address: 330 E 38TH STREET, NEW YORK, NY 10017
Vice President:
Address:
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary, you may attack in addendum to the application listing additional officers and/or directors.
12 / Tub Col
(Signature of Director or Officer listed in number 12 of the application)
13BRETT ACKERMAN, PRESIDENT

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State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of NATIONWIDE OFFICE PRODUCTS GROUP, INC. was filed on 05/25/2011, 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. I further certify the following:

A Biennial Statement was filed 11/26/2019.

I further certify that no other documents have been filed by such corporation.



Witness my hand and the official seal of the Department of State at the City of Albany, this 03rd day of March two thousand and twenty.

Brendan C. Hughes

Executive Deputy Secretary of State

Braden Co Higher

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