

MO4000002147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

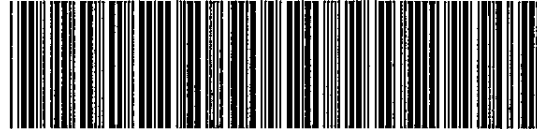
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Name Availability	
Document Number	DCC
Signature	Office Use Only
Ver. #	DCC
Signature	DCC
W. P. Verifier	DCC



700033720377

05/10/04--01104--030 \*\*150.00

FILED  
2004 JUN -3 A 8:25  
SECRETARY OF THE  
TREASURY  
TALLAHASSEE, FL

5640-J Sunnyside Avenue  
Beltsville, MD 20705

MAIN (240) 542-1300  
FAX (240) 542-1301

May 7, 2004

Florida Department of State  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

RE: Registration Documents

Please find attached our application for authorization to transact business in the State of Florida, and the Certificate of Designation of Registered Agent/Registered Office.

Should you have any questions or require additional information, please contact me at 240-542-1313.

Thank you.

Sincerely,

  
Charles Knapp  
Controller

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

2004 JUN -3 A 8:25

FILED

5640-J Sunnyside Avenue  
Beltsville, MD 20705

MAIN (240) 542-1300  
FAX (240) 542-1301

June 2, 2004

Diane Cushing  
Document Specialist  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

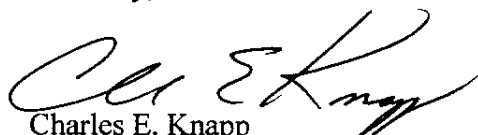
Dear Ms. Cushing:

Per our telephone conversation today, please find enclosed the documentation you requested:

1. Certificate of existence for Impact Office Products, LLC
2. Corrected copy of the application by foreign limited liability company for authorization to transact business in Florida.

Should you required additional information, please contact me at 240-542-1313.

Sincerely,

  
Charles E. Knapp  
Controller



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

May 19, 2004

CHARLES KNAPP  
IMPACT OFFICE PRODUCTS  
5460-J SUNNYSIDE AVENUE  
BELTSVILLE, MD 20705

SUBJECT: IMPACT OFFICE PRODUCTS LLC  
Ref. Number: W04000019425

We have received your document for IMPACT OFFICE PRODUCTS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

A business entity may not serve as its own manager or managing member. Please designate an individual or another business entity as your manager(s) or managing member(s).

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) 245-6913.

Diane Cushing  
Document Specialist

Letter Number: 604A00035068

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Impact Office Products LLC  
(Name of foreign limited liability company)

2. \_\_\_\_\_ 3. 61-1435443  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. January 1, 2004 5. Perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. June 1, 2004  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 2307 Valrico Forest Drive  
Valrico, FL 33594  
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

Impact Office Products of Washington, Inc. & George W. Allen Co., Inc.  
5640-J Sunnyside Avenue Same  
Beltsville, MD 20705

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: \_\_\_\_\_

Sale of office supplies, furniture and beverages

James Taylor  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JAMES TAYLOR  
Typed or printed name of signee

FILED  
JUN - 3 A 25  
TALLAHASSEE, FL

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE  
STATE OF FLORIDA.

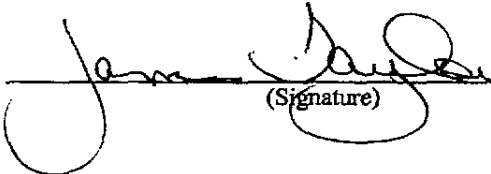
1. The name of the Limited Liability Company is:

Impact Office Products LLC

2. The name and the Florida street address of the registered agent and office are:

<u>James Taylor</u> (Name)	2004 JUN - 3 A 8:25 FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA
<u>2307 Valrico Forest Drive</u> Florida street address (P.O. Box <b>NOT</b> ACCEPTABLE)	
<u>Valrico FL 33594</u> (City/State/Zip)	

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

  
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

**STATE OF MARYLAND**  
**Department of Assessments and Taxation**

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSMIT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

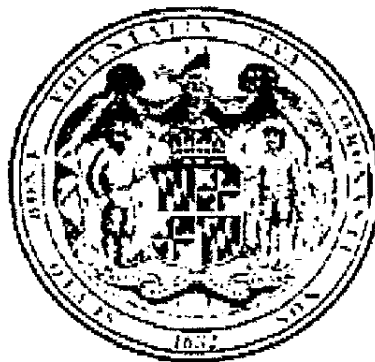
I FURTHER CERTIFY THAT IMPACT OFFICE PRODUCTS, LLC IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSMIT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JUNE 02, 2004.

*Paul B. Anderson*

Paul B. Anderson  
Charter Division

FILED  
2004 JUN -3 A 8:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**301 West Preston Street, Baltimore, Maryland 21201**  
**Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941**  
**MRS (Maryland Relay Service) (800) 735-2258 TT/Voice**  
**Fax (410) 333-7097**

R2883791