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COVER LETTER

TO:

-	ation Section n of Corporations				
SUBJECT: T	onerRefillKits.com, LLC				
	(Name of Lim	ited Liability Company)			
Florida," Certi		bility Company for Authorization to Transburger the above referenced s			
Please return a	ll correspondence concerning this m	natter to the following:			
	Traci Martin				
-	(Na	me of Person)			
	TonerRefillKits.com, LLC		- wa	·	
-	(Fir	m/Company)		ر د :	
;	204 Southridge Industrial D	rive		 	j
_		(Address)		PH 2:51	Ü
	Tavares, FL 32778		EACH TO A	2	
-	(City/Sta	ate and Zip Code)			
For further info	ormation concerning this matter, ple	ase call:			
Traci I	Martin	at (352) 343-7533			
	(Name of Person)	(Area Code & Daytime Telephone N	Jumber)		
Divisio P.O. Bo	ing ADDRESS: n of Corporations ox 6327 ssee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
	heck for the following amount: 00 Filing Fee \$\sum \\$130.00 Filing Fee & Certificate of	☐\$155.00 Filing Fee & ☐\$160.00 Filing Status Certified Copy of Sta	Fee, Certi tus & Cert		ору



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 14, 2006

TRACI MARTIN 204 SOUTHRIDGE INDUSTRIAL DRIVE TAVARES, FL 32778

SUBJECT: TONERREFILLKITS.COM, LLC

Ref. Number: W06000012345

We have received your document for TONERREFILLKITS.COM, 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):

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$2100.00.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 506A00017541

00 M 15 (M 2:

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

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

1 TonerRefillKits.com, LLC	ien Limited Li	ability Company)		- <u>-</u> -
State of Wyoming (Jurisdiction under the law of which foreign limi company is organized)	3.	70.4500000	able)	
4. August 1, 2003 (Date of Organization)	5.	perpetual (Duration: Year limited liability correxist or "perpetual")	npany will cease	; to
(See sections 608.501 &		ida, if prior to registration.) o determine penalty liability)		96 일본 기원 18
7. 204 Southridge Industrial Drive Tavares, FL 32778 (St	treet Address o	f Principal Office)	27 257 34	IS PH 2: 5
 If limited liability company is a manage The name and usual business addresses John Galt, 204 Southridge Industrial Dr Dagny Taggert, 204 Southridge Industrial 	of the mana	ging members or managers are a	s follows:	
10. Attached is an original certificate of existence, no the jurisdiction under the law of which it is organized. translation of the certificate under oath of the translato	. (A photocopy r must be subm	is not acceptable. If the certificate is in a itted.)		à, a
(In accordance with section	or or an aut 608.408(3), F.S	or zed representative of a member, the execution of this document constitute y that the facts stated herein are true.)	ber.	

Typed or printed name of signee

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:			
TonerRefillKits.com, LLC			
2. The name and the Florida street address of the registered agent and office are:			
Traci Martin		95 H.C	
(Name)	***	د. در	ung d Stanig
204 Southridge Industrial Drive		<u> </u>	S
Florida Street Address (P.O. Box NOT ACCEPTABLE)	STATE C JIDA	2: 54	
Tavares, FL 32778 FL 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, Florida Statutes.

Maci Madi (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 Wyoming

Office of the Secretary of State



United States of America, State of Wyoming

SS.

I, JOSEPH B. MEYER, Secretary of State of the State of Wyoming, do hereby certify that TONERREFILLKITS.COM, LLC, a limited liability company organized under the laws of the State of Wyoming, did on 08/01/2003, file its Articles of Organization in the Office of the Secretary of State of Wyoming, and is in good standing at the date of this certificate.

I FURTHER CERTIFY that this certificate is not to be construed as an endorsement, recommendation, or notice of approval of the limited liability company's financial condition or business activities and practices, as this information is not available from the records of this office.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Wyoming. Done at Cheyenne, the Capital, this 6th day of March A.D., 2006.



Secretary of State

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