M7090000002592

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status 2
Special Instructions to Filing Officer:

Office Use Only



800157677698

07/06/09--01034--020 **160.00

09 JUL -6 AMII: 08

6 AHII: 08

T. HAMPTON

JUL - 7 2009

EXAMINER

COVER LETTER

	vision of Corporations
SUBJECT	MIDWEST COPIER Exchange - IL, LVC Name of Limited Liability Company
	d "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of nd check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please retur	n all correspondence concerning this matter to the following:
	Ed Spriegel Namp of Person
	MIDWEST COPIEW EXChange-IL, LIC
	3300 Washington St. Address
	Waukegan, 1L. 60085 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further i	nformation concerning this matter, please call:
	Name of Person Area Code & Daytime Telephone Number
Div Re P.C	STREET ADDRESS: Division of Corporations gistration Section D. Box 6327 Clifton Building lahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed	s a check for the following amount:
:	\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate Copy of Status & Certified Copy

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 BY NIVESS IN THE STATE OF FLORIDA:

1. MIDWEST COPIER EXCHANGE ILLINOIS LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2. \frac{\sqrt{9-1296949}}{\text{(Jurisdiction under the law of which foreign limited liability}} 3. \frac{\sqrt{9-1296949}}{\text{(FEI number, if applicable)}}
company is organized) 4. 2 26 2003 5. Devolute 6. Devolu
(Date of Organization) (Duration: Year Imited liability company will cease to exist or "perpetual")
6. 73/08 - UNIXAL REG. OF FICTOUS NAME (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
3300 Washington St. Wankegan, 12 60085 = 85
(Street Address of Prine pal 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:
Jackie CANAGYO - 4040 CV. Proneer, Laguegas, NV 8902
Jill Garifay - 9375 W. Washington Blog Laurel, MD 20723
Edward Spriegel - 3300 washington St. Wankegau, 12. 60095
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: While 5a W D
used and off leage office eggipulux and other mishing
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.) 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:
MIDWEST COPIER EXCHANGE ILLINOIS LLC
If unavailable, the alternate to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are:
Diaue Zavala (Name)
993 Travelle Trail Florida Street Address (P.O. Box NOT ACCEPTABLE)
KGGUMEL, FL 34744 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.

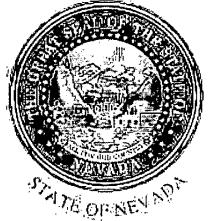
Diane Zavala
(Signature)

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

SECRETARY OF STATE DIVISION OF CORPORATIONS

09 JUL -6 AM 11: 08

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, MIDWEST COPIER EXCHANGE ILLINOIS LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since February 26, 2003, and is in good standing in this state.

TO THE PARTY OF TH

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 2, 2009.

ROSS MILLER Secretary of State

Electronic Certificate
Certificate Number: C20090702-0265
You may verify this electronic certificate
online at http://www.nvsos.gov/