M 1200000526

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

Office Use Only

B. KOHR

JAN 2 7 2012

EXAMINER



300215938653

DOTARTIENT OF STATE ONVISION OF CORPORATIONS

RECEIVED



ACCOUNT NO. : I2000000195

REFERENCE :

AUTHORIZATION :

COST LIMIT :

ORDER DATE: January 9, 2012

ORDER TIME : 3:45 PM

ORDER NO. : 054742-145

CUSTOMER NO: 4803290

FOREIGN FILINGS

NAME: MYOFFICEPRODUCTS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stephanie Milnes -- EXT# 2920

EXAMINER:



Division of Corporations

January 13, 2012

STEPHANIE MILNES CSC TALLAHASSEE, FL

SUBJECT: MYOFFICEPRODUCTS, LLC

Ref. Number: W12000002458

We have received your document for MYOFFICEPRODUCTS, LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

We assume that MYOFFICEPRODUCTS, LLC, a Delaware company, which seems to be based in Tennessee, is related to MYOFFICEPRODUCTS, INC., which is also a Delaware entity that seems to be based in Tennessee. However, our filing procedures require that a signed letter or memo be submitted along with the application for the LLC stating that the companies are either related, and/or that the corporation has no objection to the LLC using MYOFFICEPRODUCTS, LLC in Florida.

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) 245-6914.

Buck Kohr Regulatory Specialist II

Letter Number: 812A00000936

This is a conversion.

The WD was filed 1/26/12.

The WD was filed 1/26/12.

Www.sunbiz.org

Www.sunbiz.org

When have Florida 20214.

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LUMITED LIABILLI I COMPANT TO TRANSACT BUSINESS IN I	HE STATE OF FLURIDA:
1. MyOfficeProducts, LLC	
(Name of Foreign Limited Liability Company; must in	nclude "Limited Liability Company," "L.L.C.," or "LLC.")
	•
(If name unavailable, enter alternate name adopted for the pu	rpose 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. Delaware	2
(Jurisdiction under the law of which foreign limited liability	ty (FEI number, if applicable)
company is organized)	, , , , , , , , , , , , , , , , , , , ,
4 March 5, 2002	5 Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to
(Bank :	
	7 E
O	Florida, if prior to registration,)
(See sections 608.501 & 608.502)	F.S. to determine penalty liability)
22 Century Blvd. Suite 420, Nashville, TN 3721	4
·	
	exist or "perpetual") (Florida, if prior to registration.) F.S. to determine penalty liability) 4 ess of Principal Office)
(Street Addr	ess of Principal Office)
 If limited liability company is a manager-manager 	ed company, check here X
,	
9. The name and usual business addresses of the m	lanaging memoers or managers are as ionows:
See attached.	
•	
	90 days old, duly authenticated by the official having custody of records in
	copy is not acceptable. If the certificate is in a foreign language, a
ranslation of the certificate under cath of the translator must be s	ubmitted.)
11. Nature of business or purposes to be conducted	l or promoted in Florida:
• •	
Office supplies	7
(do All a a	V.
Collet Wille	
•	authorized representative of a member.
(In accordance with section 608.408(3), F.S., the	xecution of this document constitutes an affirmation under the true. I am aware that any false information submitted in a
document to the Denartment of State constitu	utes a third degree felony as provided for in s.817.155, F.S.)
Anthony Cavalieri	
	ted name of signee
Typed of print	io imite of signor

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 Co	empany is:	
MyOfficeProducts, LLC		
If unavailable, the alternate to be used in	the state of Florida is:	
2. The name and the Florida street addre	ess of the registered agent and office are:	2,772
Corporation Service Cor	npany	
	(Name)	
1201 Hays Street		
Florida Street	Address (P.O. Box NOT ACCEPTABLE)	
Tallahassee	FL 32301	
	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.

Corporation Service Company

By: Carel Dolor, Assistant VP
(Signature)

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

Item #9 attachment to Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida

Managers of MyOfficeProducts, LLC

Howard Brown, 129 Truman Drive, Cresskill, NJ 07626

Michael Brown, 254 East 68th St., Apt. 19D, New York, NY 10021

Michael Cornell, 800 Westchester Ave., Suite 641N, Rye Brook, NY 10573

Steven M. Goldman, 336 West End Ave., Apt. 10C, New York, NY 10023

Les Goodman, 928 West State Street, Trenton, NJ 08618

Andy Kohn, 200 East 69th St., Apt 2P, New York, NY 10021

Andrew L. Kovach, 10 Lafayette Ave., #306, Morristown, NJ 07960

Jay Nadel, 20 Academy Lane, Demarest, NJ 07627

Randi Sidgmore, 9505 Persimmon Tree Rd., Potomac, MD 20854

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MYOFFICEPRODUCTS, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWELFTH DAY OF JANUARY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID
"MYOFFICEPRODUCTS, LLC" WAS FORMED ON THE FIFTH DAY OF MARCH,
A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED
LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT
HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS
OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

3498612 8300

120042237

AUTHENTY CATION: 9293694

DATE: 01-12-12

You may verify this certificate online at corp.delaware.gov/authver.shtml