

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H130000483593)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850) 222-1092

Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.** Email Address:

Foreign Limited Liability Company STAPLES THE OFFICE SUPERSTORE, LLC

Certificate of Status	0
Certified Copy	0_
Page Count	05
Estimated Charge	\$1,457.50

MAR 0 4 2003 Electronic Filing Menu

Corporate Filing Menu

Help

B. KOHR

https://efile.sunbiz.org/scripts/efilcovr.exe

3/1/2013

PAGE 01/05

CT CORPORATION

8656336092

03/01/S013 15:03

CR2E027 (9/10)

			A DAY INSTITUTE	A				
	ristration Section Islan of Corporations			. ,	.· : ,		. • .	
erm mase.	Staples the Office Superstore, LI	c ·				. •		
SUBJECT:		Name of Li	mited Liability C	ompany				٠.
Existence, an	l "Application by Foreign Limited id chock are submitted to register t all correspondence concerning the	he above refi	erenced foreign li	rization to Tra imited liability	neset Business y company to in	in Plorida," Cen maect business i	nificate of n Florida	
righist letura	Donna King	us creatier to u	e tottownif:				announce bush 1981 has given	
		}	lame of Person			*1		
	Staples, Inc.	-					•	
		F	im/Company			Z cz	12	AT).
	500 Staples Drive	,		,		Fee	易	المالية المالي المالية المالية المالي
·			Address		 , 1,,+ -,,-		<u> </u>	in the state of th
•	Framingham, MA 01702		•			SEE	END: 5	The state of
	:	Clty/S	itate and Zip Cod	le ·	<u></u>		100 0	· Carrier
	doma.king@staples.com				, ,		語で	>
For further in	E-mail addre formation concerning this matter, p	•	d for future amou	al report notil	ication)		א ל	
Don	ne King		508 at (253-500	Ю .	,	ć	
	Name of Person	Are	a Code & Daytin	e Telephone	Number		,	
Divis Rega P.O.	LING ADDRESS: slim of Corporations stration Section Box 6327 thassee, FL 32314	Divisio Registr Clifton 2661 B	ET ADDRESS: on of Corporation ation Section Building (xecutive Center (1880, PL 32301					, ,
	a check for the following au 25.00 Filing Fee \$\infty\$ \$130.00 P Certificate		☐ \$155.00 Fill Certified C			ing Fee, Certifies Certified Copy	ite	

FL057 - 12/03/2012 Wolten Klewer Online

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A POREICEN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Staples the Office Superstore, 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.") Dolaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable company is organized) perpetual 10/25/1990 (Date of Organization (Duration: Year limited liability company will exist or "perpetual") 2/4/2007 (Date first transacted business in Plorida, if prior to registration.) (See sections 608,501 & 608,502 F.S. to determine penalty liability) 500 Staples Drive Framingham, MA 01702 (Street Address of Principal Office) 9. The name and usual business addresses of the managing members or managers are as follows: 500 Staples Drive Fromingham, MA 01702 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 knoppers, a translation of the certificate under geth of the translater must be submitted) sale of office products 11. Nature of business or purposes to be conducted or promoted in Florida; 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 countitates an affirmation under the penalties of parjury that the facts stated become are true. I am aware that any false information submitted in a

Typed or printed name of signee

document to the Department of State constitutes a third degree felony as provided for in a.817.155, P.S.)

FLOST - 1203/2012 Walters Klutter Galide

Michael T. Williams

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.

lf unavailable	the alternate to	be used in the	state of Florida is:	
2. The name	and the Florida st	reet address	of the registered agent and office	are:
		CI	Corporation System	
			(Name)	السينات قبغ
,		1200	South Pine Island Road	
	Y Fic	rida Street Add	rese (P.O. Box NOT ACCEPTABLE)	
	=		LOOF (1.0. DOX 1401 ACCOR 10000)	
	Plantation		FL 33324	,
laving been i	Plantation mamed as registere	ed agent and t	FI. 33324 City/Stats/Zip to accept service of process for th	e above stated lim appointment as
lability comp egistered age tatutes relati	Mentation named as registere any at the place de ent and agree to ac ing to the proper a	ed agent and t esignated in t et in this capa nd complete p	FI. 33324 City/State/Zip to accept service of process for the his certificate, I heraby accept the acty. I further agree to comply wherformance of my duties, and I acted agent as provided for in Ch	e appointment as (th the provisions on In familiar with an
lability comp egistered age tatutes relati ccept the obl	Mentation named as registere any at the place de ent and agree to ac ing to the proper a	ed agent and i esignated in t est in this capa nd complete p ettion as regis	City/State/Zip to accept service of process for the his certificate, I heraby accept the city. I further agree to comply with the companies of my duties, and I attered agent as provided for in Charles	e appointment as (th the provisions on In familiar with an

PLOST - (200/2012 Walters Kilower California

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "STAPLES THE OFFICE SUPERSTORE, 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 NINETBENTE DAY OF FEBRUARY, A.D.

2013.

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

2244759 8300

130188374

You may verify this certificate chline

AUTHENTY CATION: 0222737

DATE: 02-19-13