10/16/2017

Division of Corporations

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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (512)418-6949 : (954)208-0845 Fax Number **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 Office Superstore East LLC

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Help

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. Office Superstore East LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L. L.C.," or "LLC.") (If game unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name assist include "Limited Liability Company," "L. C." or "U.C.") 3. 04-3176952 (Junisdiction under the law of which foreign timited liability company is organized) (FEI number, if applicable) Upon Qualification (Date first transacted business in Florida, if prior to registration.) (See sections 635,0904 & 605,0905, F.S. to determine penulty liability) 5. 500 Staples Drive (Street Address of Principal Office) (Mailing Address) Framingham, MA 01702 7. Name and street address of Florida registered agent; (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation , Florida <u>3332</u>4 Registered agent's acceptance: 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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent, _Alfred Younan By: C T Corporation System **Assistant** Secretary 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: MEMBER USR Parent Inc. 500 Staples Drive Framingham, MA 0170 (Use attachments if necessary) 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed imme of signer

Cristina Gonzalez



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

DELAWARE, DO HEREBY CERTIFY "OFFICE SUPERSTORE EAST 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 THIRTEENTH DAY OF OCTOBER, A.D. 2017.

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

2318841 8300

SR# 20176617874

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

Serving W. Bullace, Exceptany of State

Authentication: 203397896

Date: 10-13-17