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(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer.	

Office Use Only



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17 NOV 14 PM 3: 02

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 885617 4300426

AUTHORIZATION : Spelle Ble

COST LIMIT : \$ C160...00

ORDER DATE: October 26, 2017

ORDER TIME : 1:30 PM

ORDER NO. : 885617-020

CUSTOMER NO: 4300426

FOREIGN FILINGS

NAME: LASER COURIER, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY

XX __ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT#

EXAMINER:

THE NOV IL PM 3: 02

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:

Delaware	e adopted for the purpose of transacting business in F	orida. The alternate name must include "Limited I	Liability Company," "L.L.C," or "LLC.")
., ., ., ., .,		3 54-1374731	
	h foreign limited liability company is organized)		umber, if applicable)
Upon filing			
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to deten	o registration)	
1912 Woodford Road	,	6 1912 Woodford Road	
(Street Address of Pric	cipal Office)	O. (Mailing A	ddress) 42
Vienna, VA 22182		Vienna, VA 22182	
			Z 5
	•		2 9
Name and street address	of Florida registered agent: (P.O. Bo	x NOT acceptable)	် ဂို
Name:	Corporation Service Company		7
-	1201 Have Seese	······································	မှ 💈
Office Address: _	1201 Hays Street	 	3: 02
	Tallahassee	, Florida 32301 (Zip c	2
-	(City)	(Zip e	rode)
d accept the obligations of	of my position as registered agent. Corporation Service Company	exampo Dune	ny duties, and I am familiar with Roxanne Turn
d accept the obligations of	of my position as registered agent.	exame Qune	
d accept the obligations of	of my position as registered agent. Corporation Service Company (Registered agent)	exame Que	人 Roxanne Turn Asst. Vice Presi
d accept the obligations of	of my position as registered agent. Corporation Service Company By:	exame Que	人 Roxanne Turn Asst. Vice Presi
d accept the obligations of	of my position as registered agent. Corporation Service Company (Registered agent) ity and address of the person(s) who have	Li(anne Dune s signature) nas/have authority to manage is/are	人 Roxanne Turn Asst. Vice Presi
Title or Capacity:	of my position as registered agent. Corporation Service Company (Registered agent) ity and address of the person(s) who have and Address: Blake Averill c/o LaserShip, Inc.	LYCALLE QUILL s signature) nas/have authority to manage is/are Title or Capacity:	人 Roxanne Turn Asst. Vice Presi
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LASER COURIER, 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 TWENTY-SIXTH DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LASER COURIER, LLC" WAS FORMED ON THE FIFTH DAY OF MAY, A.D. 1986.

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

2090175 8300

SR# 20176803944

Date: 10-26-17

Authentication: 203467212

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