

MI9000011178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

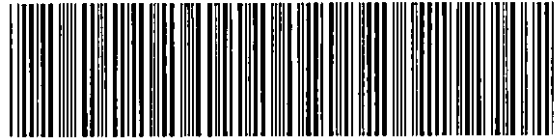
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19 NOV 20 PM 4:16

FILED
2019 NOV 20 PM 4:42
CLERK OF STATE
TALLAHASSEE, FLORIDA

✓

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

ACCOUNT NO. : I20000000195

REFERENCE : 057156 8285299

AUTHORIZATION

COST LIMIT : \$155.00

ORDER DATE : November 20, 2019

ORDER TIME : 12:12 PM

ORDER NO. : 057156-005

CUSTOMER NO: 8285299

FILED
2019 NOV 20 PM 4:42
STATE
TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: STAPLES SHARED SERVICE CENTER,
LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ☐ CERTIFIED COPY
☐ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Staples Shared Service Center, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

| | |
|---|---|
| _____ Name of Person | FILED 2019 NOV 20 PM 4:42 TALLAHASSEE, FLORIDA |
| _____ Firm/Company | |
| _____ Address | |
| _____ City/State and Zip Code | |
| _____ E-mail address: (to be used for future annual report notification) | |

For further information concerning this matter, please call:

Name of Contact Person

_____ at (_____) _____
Area Code Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy |
|--|---|--|---|

**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. Staples Shared Service Center, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____

(FBI number, if applicable)

4. Upon filing

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 500 Staples Drive

(Street Address of Principal Office)

6. 500 Staples Drive

(Mailing Address)

Framingham MA 01702

Framingham MA 01702

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

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.

Corporation Service Company
By: _____

(Registered agent's signature)

Harry B. Davis
Asst. Vice President

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☒ Manager Name: Jeffrey L. Hall

☐ Member Address: 500 Staples Drive

☒ Authorized Framingham MA 01702

Person Chief Financial Officer

☐ Other _____ ☐ Other _____

☐ Manager Name: Cristina Gonzalez

☐ Member Address: 500 Staples Drive

☒ Authorized Framingham MA 01702

Person Secretary

☐ Other _____ ☐ Other _____

☐ Manager Name: James Crisafulli

☐ Member Address: 500 Staples Drive

☒ Authorized Framingham MA 01702

Person Head of Tax

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: J. Alexander Douglas, Jr.

☐ Member Address: 500 Staples Drive

☒ Authorized Framingham MA 01702

Person President & Chief Executive Officer

☐ Other _____ ☐ Other _____

☐ Manager Name: Elaine F. Brizios

☐ Member Address: 500 Staples Drive

☒ Authorized Framingham MA 01702

Person SVP Finance and Treasurer

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

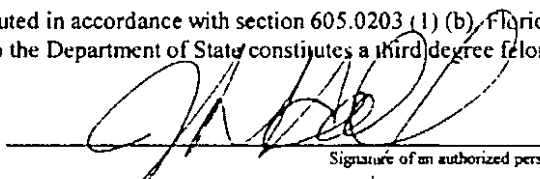
Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.



Signature of an authorized person

Jeffrey L. Hall

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STAPLES SHARED SERVICE CENTER, 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 TWENTIETH DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STAPLES SHARED SERVICE CENTER, LLC" WAS FORMED ON THE SECOND DAY OF FEBRUARY, A.D. 2007.

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

FILED
2019 NOV 20 PM 4:42
DELAWARE
STATE
SECRETARY




Jeffrey W. Bullock, Secretary of State

4292504 8300

SR# 20198193678

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

Authentication: 204047719

Date: 11-20-19