

8/13/2020

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Center Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****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 Depot, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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Corporate Filing Menu

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Filing

DocuSign Envelope ID: 0EA6606E-3AB0-4B21-A1BA-3560BE5E80D1

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Office Depot, 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. 59-2663954
(EIN number, if applicable)

4. Upon Qualification
(Date first transacted business in Florida, if prior to registration)
(See sections 605.004 & 605.005, F.S., to determine penalty liability)

5. 6600 North Military Trail
(Street Address of Principal Office)

6. Same
(Mailing Address)

Boca Raton, FL 33496

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

C T Corporation System

By: 
(Registered agent's signature)

Alfred Younan
Assistant Secretary

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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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>N. David Bleisch</u>	<input type="checkbox"/> Manager	Name: <u>Richard Leland</u>
<input type="checkbox"/> Member	Address: <u>6600 North Military Trail</u>	<input type="checkbox"/> Member	Address: <u>6600 North Military Trail</u>
<input type="checkbox"/> Authorized	<u>Boca Raton, FL 33496</u>	<input checked="" type="checkbox"/> Authorized	<u>Boca Raton, FL 33496</u>
Person		Person	<u>SVP & Chief Accounting Officer</u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input checked="" type="checkbox"/> Manager	Name: <u>Diego Anthony Scaglione</u>	<input type="checkbox"/> Manager	Name: <u>Richard A. Haas</u>
<input type="checkbox"/> Member	Address: <u>6600 North Military Trail</u>	<input type="checkbox"/> Member	Address: <u>6600 North Military Trail</u>
<input type="checkbox"/> Authorized	<u>Boca Raton, FL 33496</u>	<input checked="" type="checkbox"/> Authorized	<u>Boca Raton, FL 33496</u>
Person		Person	<u>VP & Treasurer</u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u>Loma R. Simms</u>	<input type="checkbox"/> Manager	Name: <u>Joseph G. White</u>
<input type="checkbox"/> Member	Address: <u>6600 North Military Trail</u>	<input type="checkbox"/> Member	Address: <u>6600 North Military Trail</u>
<input checked="" type="checkbox"/> Authorized	<u>Boca Raton, FL 33496</u>	<input checked="" type="checkbox"/> Authorized	<u>Boca Raton, FL 33496</u>
Person	<u>Secretary</u>	Person	<u>Assistant Secretary</u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>

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.

N. David Bleisch

Signature of an authorized person

N. David Bleisch

Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "OFFICE DEPOT, 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 SIXTH DAY OF AUGUST, A.D. 2020.

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



3033159 8300

SR# 20206611299

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203419147

Date: 08-06-20