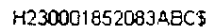


Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

((H23000185208 3)))



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

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954) 208-0845
Fax Number : (614) 573-3996

Email Address: Joy.Belnavis@theodpcorp.com

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

STATE OF STATE
OF THE OF

2023 MAY 19 PM 1:51

FILED

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. OfficeMax, L.L.C.
 (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. North Carolina
 (Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-0100960
 (FEI 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. 6600 North Military Trail
 (Street Address of Principal Office)

6. 6600 North Military Trail
 (Mailing Address)

Boca Raton, FL 33496

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.

By: C T Corporation System
 SEAN L EMERICK, ASSISTANT SECRETARY
 (Registered agent's signature)

Sean L Emerick

FILED
 2023 MAY 19 PM 1:51
 CLERK OF STATE
 TALLAHASSEE, FLORIDA

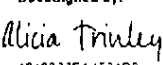
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]

<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>Sarah E. Illavinka</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Diego Anthony Scaglione</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 type="checkbox"/> Authorized	<u>Boca Raton, FL 33496</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Robert G. Avant</u>	 <input type="checkbox"/> Manager	Name: <u>Alicia Trinley</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	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Mapleby Holdings Merger Corporation</u>	 <input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>6600 North Military Trail</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Boca Raton, FL 33496</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

DocuSigned by:

 121220235734452403
 Signature of an authorized person

Alicia Trinley

Typed or printed name of signer



NORTH CAROLINA

Department of the Secretary of State

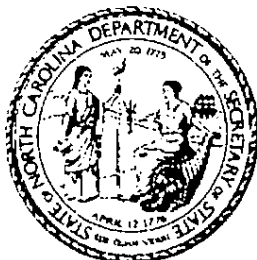
CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

OFFICEMAX, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 10th day of May, 2022

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 29th day of March, 2023.

Elaine F. Marshall

Secretary of State