

OFFICE USE ONLY (Document #)

# LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

100003461061--7

-11/13/00--01062--001

\*\*\*\*\*78.75 \*\*\*\*\*78.75

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. PRINTER SUPPLIES R US INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

| NEW FILINGS                         |                   |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit            |
| <input type="checkbox"/>            | NonProfit         |
| <input type="checkbox"/>            | Limited Liability |
| <input type="checkbox"/>            | Domestication     |
| <input type="checkbox"/>            | Other             |

| AMENDMENTS               |                                       |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment                             |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent            |
| <input type="checkbox"/> | Dissolution/Withdrawal                |
| <input type="checkbox"/> | Merger                                |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION      |                     |
|-------------------------------------|---------------------|
| <input checked="" type="checkbox"/> | Foreign             |
| <input checked="" type="checkbox"/> | Limited Partnership |
| <input checked="" type="checkbox"/> | Reinstatement       |
| <input checked="" type="checkbox"/> | Trademark           |
| <input checked="" type="checkbox"/> | Other               |

Examiner's Initials

FILED  
NOV 13 PM 1:27  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

NOV 13 2000  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

11/13

ARTICLES OF INCORPORATION

O

PRINTER SUPPLIES "R" US INC.

FILED  
00 NOV 13 PM 1:27  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

The Undersigned, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida and all rights, duties and obligations of the undersigned as incorporator and those of the corporation, are to be determined in accordance with the laws of State of Florida.

ARTICLE I

The named of this corporation shall be:

PRINTER SUPPLIES "R" US INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of incorporation by the Department of State, State of Florida and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposes proposes to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have power:  
To have perpetual succession by its corporate name:

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 1000 shares, having an individual per value of \$ 1 (One Dollar).

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of the corporation.

ARTICLE V

The street address of the initial principal office and the name of the Initial Resident Agent of this corporation shall be:

The street address of the initial principal office shall be:

7923 N.W. 21 STREET  
MIAMI, FL. 33122.

The name and street address of the initial Resident Agent of this corporation shall be:

ROSS SASSO  
7923 N.W. 21 STREET  
MIAMI, FL. 33122.

ARTICLE VI

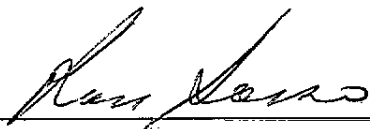
The initial board of Directors shall consist of a total of (ONE) 1 person and the name and address of the persons who is to serve as an initial director is:

ROSS SASSO  
7923 N.W. 21 STREET  
MIAMI, FL. 33122.

The name and address of the incorporator executing these Articles of Incorporation is:

ROSS SASSO  
7923 N.W. 21 STREET  
MIAMI, FL. 33122.

IN WITNESS WHEREOF, the undersigned incorporator has(ve) executed these Articles of Incorporation this 10 November of 2000.

  
\_\_\_\_\_

STATE OF FLORIDA )

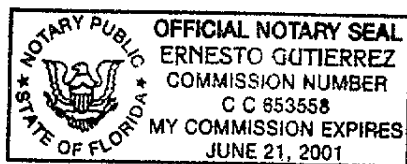
COUNTY OF DADE ) SS.

BEFORE ME, a notary public authorized to take acknowledgements in the State and County set forth above, personally appeared Ross Sasso know to me and known by me to be the person(s) who executed the foregoing Articles of Incorporation, and he(they) acknowledge before me that he (they) executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the State and County aforesaid, this 10 day of November of year 2000.

NOTARY PUBLIC, STATE OF FLORIDA  
AT LARGE

My Commission Expires:



CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTIONS 607.0501, FLORIDA STATUTES, THE  
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA,  
SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED  
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.- THE NAME OF THE CORPORATION IS:

PRINTER SUPPLIES "R" US INC.

2.- THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS

ROSS SASSO

NAME

7923 N.W. 21 STREET

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL. 33122.

(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR  
THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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  
RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM  
FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED  
AGENT.

SIGNATURE: *Ross Sasso*

DATE: Nov 10/20

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00 NOV 13 PM 1:27  
SECRETARY OF STATE  
TALLAHASSEE  
FLORIDA