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Michael G. Adams Kentucky Secretary of State Received and Filed: 7/21/2022 12:43 PM Fee Receipt: \$90.00

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## COMMONWEALTH OF KENTUCKY MICHAEL ADAMS, SECRETARY OF STATE

Division of Business Filings	Certificate of Aut	hority		FBE				
P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	(Foreign Business Enti							
Pursuant to the provisions of KRS 14A and KRS 271B, 273, 274,275, 362 and 386 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:								
<ul> <li>The entity is a : business trust (KRS 386). limited partnership (KRS 362). non-profit llc (KRS 275)         non-profit llc (KRS 275)         limited iability company (KRS 273)         limited liability company (KRS 275)         litd cooperative assn. (KRS)         unincorporated association         </li> </ul>								
2. The name of the entity is Staples Global Markets, Inc. (The name must be identical to the name on record with the Secretary of State.)								
3. The name of the entity to be used in Kentucky is (if applicable): Staples Global Markets, Inc. (Only provide if "real name" is unavailable for use; otherwise, leave blank.)								
4. The state or country under whose law			M T.					
5. The date of organization is <u>6/18/201</u>	7	and the period of dura	tion is (If left blank, duration is	considered perpetual.)				
6. The mailing address of the entity's pr	incipal office is		(					
500 Staples Drive		Framingham	MA	01702				
Street Address		City	State	Zip Code				
7. The street address of the entity's reg	stered office in Kentucky is							
		Frankfort	KY	40601				
421 West Main Street Street Address (No P.O. Box Numbers)		City	State	Zip Code				
	the station Service	-						
and the name of the registered agent at								
8. The names and business addresses	of the entity's representatives (se	cretary, officers and directo	rs, managers, trustees or	general partners):				
	500 Otomica Drive	<b>F</b>	MA	01702				
John Lederer - CEO	500 Staples Drive Street or P.O. Box	Framingham City	State	Zip Code				
Name Jeffrey Hall - CFO & Director	500 Staples Drive	Framingham	MA	01702				
Name	Street or P.O. Box	City	State	Zip Code				
Ravi Faiia - Assistant Secretary	500 Staples Drive	Framingham	MA	01702				
Name	Street or P.O. Box	City	State	Zip Code				
<ul> <li>9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.</li> <li>10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.</li> </ul>								
10. I centify that, as of the date of himg to	a limited liability limited partners	bin Check the box if applic	cable:					
11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable:								
<ul> <li>12. If a limited liability company, check box if manager-managed:</li> <li>13. This application will be effective upon filing, unless a delayed effective date and/or time is provided.</li> <li>The effective date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is</li> </ul>								
Please indicate the Kentucky county in which your business operates: County: Madison								
		ing, please shade the box con						
Please indicate the size of your business: Small (Fewer than 50 employees) Large (50 or more employees)	Please indicate wheth	er any of the following make	up more than fifty percent Minority Owned	(50%) of your business ownership:				
Please indicate which of the following best describes your business:								
		Construction						
Wholesale Trade Retail Public Administration	- animal second		rance, Real Estate					
LlOther			<u> </u>	7/00/0000				
22		Ravi Faiia, Assistant S		7/20/2022				
Signature of Authorized Representative		Printed Name & Title		Date				
I, Corporation Service Company, consent to serve as the registered agent on behalf of the business entity.								
Type/Print Name of Registered Agent By: WILLI Ka		on Service Company	Asst. Secretary	07/21/2022				
Signature of Registered Agent	Printed Name	e	Title	Date				