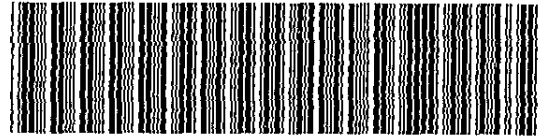


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CLERK OF STATE
TALLAHASSEE, FLORIDA



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AL

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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TRANSMITTAL LETTER

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03 DEC -8 PM 3:1

TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations

SUBJECT: Paper Tree, LLC
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Allison Coppedge
(Name of Person)

Paper Tree LLC
(Firm/Company)

709 Bloom St. #280
(Address)

Celebration, FL 34747
(City/State and Zip code)

For further information concerning this matter, please call:

Allison Coppedge at (321) 624-9627
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

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1. Paper Tree, LLC

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. _____

(FEI number, if applicable)

4. 11/17/03

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon qualification

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification."
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 709 Bloom St. #280 Celebration, FL 34747

(Principal office address)

709 Bloom St. #280 Celebration, FL 34747

(Current mailing address)

8. Marketing/Advertising

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Allison Coppedge

Office Address: 709 Bloom St. #280

Celebration, FL 34747, Florida 34747

(City)

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Allison Coppedge

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Allison Coppedge

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Address: 709 Bloom St. #280
Celebration, FL 34747

03 DEC -8 PM 3: 06

CLERK OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: NA

Address: NA

Director: NA

Address: NA

Director: NA

Address: NA

B. OFFICERS

President: Allison Coppedge

Address: 709 Bloom St. #280
Celebration, FL 34747

Vice President: NA

Address: NA

Secretary: Linda Coppedge

Address: 2650 Alice Blvd. Kissimmee, FL 34746

Treasurer: Linda Coppedge

Address: 2650 Alice Blvd. Kissimmee, FL 34746

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Allison Coppedge

(Signature of Director or Officer listed in number 12 of the application)

14. Allison Coppedge Chairman/President

(Typed or printed name and capacity of person signing application)

Delaware

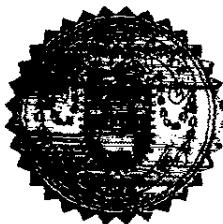
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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "PAPER TREE, LLC", FILED IN THIS OFFICE ON THE TWELFTH DAY OF NOVEMBER, A.D. 2003, AT 4:50 O'CLOCK P.M.



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

3726757 8100

AUTHENTICATION: 2752225

030727231

DATE: 11-17-03