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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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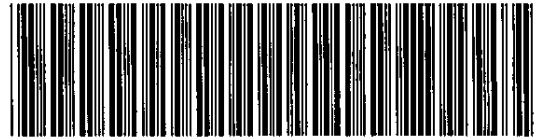
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPT OF STATE
TALLAHASSEE, FLORIDA

2016 OCT -3 PM 1:33

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K. SALY

OCT -5 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Discount PACKing, INC.
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," or "Certificate of Good Standing" 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:

John F. ZULLO

Name of Person

Discount PACKing, INC.

Firm/Company

PO Box 358

Address

WAYLAND, MASS 01778

City/State and Zip code

INFO @ DiscountPACKing.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John F. ZULLO

Name of Person

at (508) 358-6058

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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.

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

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

2. MASSACHUSETTS 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1-1-2004. 5. N/A.
(Date of incorporation) (Date of duration, if other than perpetual)

6. APRIL 1, 2016.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1216 E ATLANTIC BLVD SUITE #2 DONDANO BEACH, FLA 33060.
(Principal office address)
PO BOX 358 WAYLAND, MASS 01778
(Current mailing address, if different)

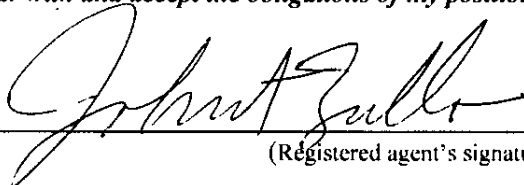
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: John F. ZULLO.

Office Address: 1216 E ATLANTIC BLVD SUITE #2
DONDANO BEACH, Florida 33060
(City) (Zip code)

9. 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.


(Registered agent's signature)

10. 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.

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: John F. ZULLO

Address: 51 CLAYDIT HILL RD.
WAYLAND, MASS 01778

Vice Chairman: SAME

Address: "

Director: SAME

Address: "

Director: SAME

Address: "

B. OFFICERS

President: John F. ZULLO

Address: 51 CLAYDIT HILL RD.
WAYLAND, MASS 01778

Vice President: SAME

Address: "

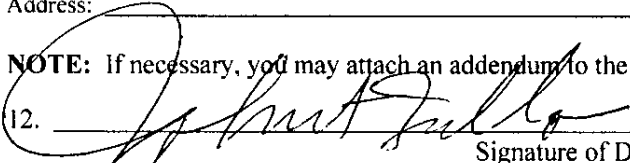
Secretary: SAME

Address: "

Treasurer: SAME

Address: "

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

12. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. John F. ZULLO - President/Director

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

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

EIN-# 20-0572875



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

Date: September 13, 2016

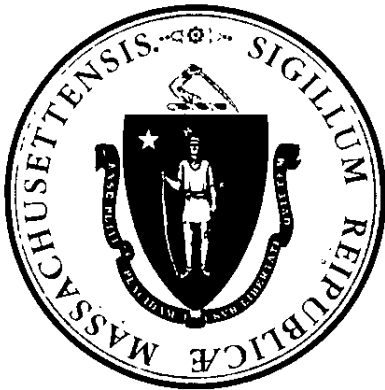
To Whom It May Concern :

I hereby certify that according to the records of this office,

DISCOUNT PACKING, INCORPORATED

is a domestic corporation organized on **January 01, 2004** , under the General Laws of the
Commonwealth of Massachusetts. I further certify that there are no proceedings presently pend-
ing under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's
dissolution; that articles of dissolution have not been filed by said corporation; that, said cor-
poration has filed all annual reports, and paid all fees with respect to such reports, and so far as
appears of record said corporation has legal existence and is in good standing with this office.

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SECRETARY OF STATE
FALL MASSACHUSETTS



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 16090210520

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

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