

FI 8000003443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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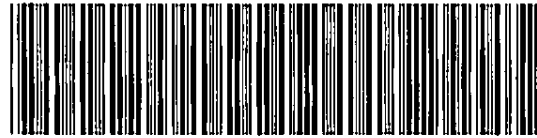
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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O SIMMONS  
JUL 27 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Packaging Distribution Services, 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:

Alicia Nicoletto

Name of Person

BrownWinick Law Firm

Firm/Company

666 Grand Avenue, Ste 2000

Address

Des Moines, IA 50309

City/State and Zip code

nicoletto@brownwinick.com

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

For further information concerning this matter, please call:

Alicia Nicoletto

Name of Person

at ( 515 ) 242-2460

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.

Packaging Distribution Services, Inc.

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  
Iowa 42-1372387
2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
05/20/1991
4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)  
N/A
6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  
2308 Sunset Rd., Des Moines, IA 50321
7. \_\_\_\_\_  
(Principal office address)
- \_\_\_\_\_   
(Current mailing address, if different)

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

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470  
(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.*



Dana Sandler on behalf of InCorp Services, Inc.

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

**A. DIRECTORS**

Chairman: Bruce Sherman  
2308 Sunset Rd., Des Moines, IA 50321  
Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Director: Bruce Sherman  
2308 Sunset Rd., Des Moines, IA 50321  
Address: \_\_\_\_\_  
\_\_\_\_\_

Director: David Lettween  
2308 Sunset Rd., Des Moines, IA 50321  
Address: \_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA

**B. OFFICERS**

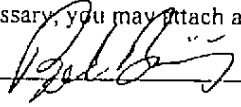
President: Bruce Sherman  
2308 Sunset Rd., Des Moines, IA 50321  
Address: \_\_\_\_\_  
\_\_\_\_\_

Vice President: David Lettween  
2308 Sunset Rd., Des Moines, IA 50321  
Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: Bob Buising  
2308 Sunset Rd., Des Moines, IA 50321  
Address: \_\_\_\_\_  
\_\_\_\_\_

Treasurer: Bob Buising  
2308 Sunset Rd., Des Moines, IA 50321  
Address: \_\_\_\_\_  
\_\_\_\_\_

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

12.  Secretary  
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. Bob Buising, Secretary  
(Typed or printed name and capacity of person signing application)

7/17/2018

Certificate of Standing

**IOWA SECRETARY OF STATE  
PAUL D. PATE**



**CERTIFICATE OF EXISTENCE**

Date: 7/17/2018

Name: PACKAGING DISTRIBUTION SERVICES, INC. (490 DP - 126441)

Date of Incorporation: 5/20/1991

Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. Articles of dissolution have not been filed.

Certificate ID: **CS152637**

To validate certificates visit:

[sos.iowa.gov/ValidateCertificate](https://sos.iowa.gov/ValidateCertificate)

A handwritten signature in black ink, reading "Paul D. Pate". The signature is stylized with a large, flowing "P" and "D".

Paul D. Pate, Iowa Secretary of State