

F200000003825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

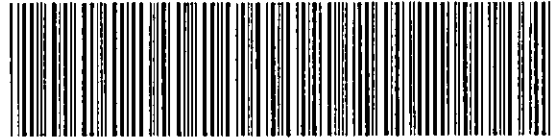
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2020 AUG 26 PM 1:41  
TALLAHASSEE, FLORIDA

45  
9/2/20

FILED  
2020 AUG 26 PM 4:47  
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

**RESUBMIT**  
Please give original  
submission date as file date.

ACCOUNT NO. : I20000000195

REFERENCE : 399612 8286951

AUTHORIZATION :

COST LIMIT : \$ 2770.00

ORDER DATE : August 24, 2020

ORDER TIME : 12:56 PM

ORDER NO. : 399612-005

CUSTOMER NO: 8286951

FILED  
2020 AUG 26 PM 4:47  
TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: COMPLETE PACKAGING AND  
SHIPPING SUPPLIES, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: \_\_\_\_\_

RECEIVED  
2020 SEP -1 PM 2:01  
TALLAHASSEE, FL

✓



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 27, 2020

CSC

**RESUBMIT**  
Please give original  
submission date as file date.

SUBJECT: COMPLETE PACKAGING AND SHIPPING SUPPLIES, INC.  
Ref. Number: W20000096123

We have received your document for COMPLETE PACKAGING AND SHIPPING SUPPLIES, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$2,700.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott  
Document Specialist II

Letter Number: 820A00016422

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Complete Packaging and Shipping Supplies, 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:

Bradley C Huls CFO

Name of Person

Complete Packaging and Shipping Supplies Inc.

Firm/Company

1200 Shames Drive Unit A

Address

Westbury, NY 11590

City/State and Zip code

bradh@completepackage.com

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

For further information concerning this matter, please call:

Brad Huls

Name of Person

at ( 317 ) 989 1010 cell

Area Code

Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

### MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

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2020 AUG 26 PM 4:47  
TALLAHASSEE, FLORIDA

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. Complete Packaging and Shipping Supplies, Inc.  
(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. New York 3. 13-3590108  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10-24-1990 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. 7-15-2002 Sales & Use Tax Registration  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1200 Shames Drive Unit A  
(Principal office street address)  
Westbury NY 11590  
(Current mailing address, if different)

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2023 AUG 26 PM 4:47  
TALLAHASSEE  
FLORIDA

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(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.*

Amanda E. Robinson  
Amanda Robinson, Assistant Vice President

(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: Mitchell A Mankosa  
☐ Vice Chairman Address: 1417 Webster Street  
Baltimore MD 21230  
☒ Director \_\_\_\_\_  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other Army Veteran ☒ Other CEO COO

☐ Chairman Name: Bradley C Huls  
☐ Vice Chairman Address: 5712 N Oxford Street  
Indianapolis, IN 46220  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☒ Treasurer  
☒ Other CFO ☐ Other \_\_\_\_\_

☐ Chairman Name: John Roggow  
☐ Vice Chairman Address: 316 Hyde Circle Drive  
Plattsburgh, NY 14908  
☒ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other Army Veteran ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Tyler Romrell  
☐ Vice Chairman Address: 2055 Woodside Rd Ste 250  
Woodside, CA 94061  
☒ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. Bradley C Huls CFO  
 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. Bradley C Huls CFO  
 (Typed or printed name and capacity of person signing application)

**State of New York**  
**Department of State** } **ss:**

I hereby certify, that the Certificate of Incorporation of COMPLETE PACKAGING AND SHIPPING SUPPLIES, INC. was filed on 10/24/1990, under the name of COMPLETE PACKAGING, SHIPPING & SUPPLIES, INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment COMPLETE PACKAGING, SHIPPING & SUPPLIES, INC., changing its name to COMPLETE PACKAGING AND SHIPPING SUPPLIES, INC., was filed 03/30/1999.

A Certificate of Amendment COMPLETE PACKAGING AND SHIPPING SUPPLIES, INC., changing its name to COMPLETE SUPPLY INC., was filed 04/03/2009.

A Certificate of Amendment COMPLETE SUPPLY INC., changing its name to COMPLETE PACKAGING AND SHIPPING SUPPLIES, INC., was filed 07/15/2010.

\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 21st day of August  
two thousand and twenty.*

*Brendan C. Hughes*

Brendan C. Hughes  
Executive Deputy Secretary of State

