

**CSC** **LO 20000024752**

ACCOUNT NO. : 072100000032

REFERENCE : [CUST#]

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE :

ORDER TIME : 10:35 AM

ORDER NO. : 754596

CUSTOMER NO:

CUSTOMER:

Peterson & Myers, P.a.

DOMESTIC FILING

NAME: KWB PACKAGING, LLC

EFFECTIVE DATE:

500007947895--9  
-09/23/02--01055--009  
\*\*\*155.00 \*\*\*155.00

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Norma Hull - EXT. 1115

EXAMINER'S INITIALS: \_\_\_\_\_

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DIVISION OF CORPORATIONS  
02 SEP 23 PM 2:10

4/23 CP

RECEIVED  
02 SEP 23 AM 11:38  
FALL RIVER, MA

**ARTICLES OF ORGANIZATION**  
**FOR**  
**KWB PACKAGING, LLC.**  
**A Florida Limited Liability Company**

The undersigned, desiring to form a limited liability company under and pursuant to Chapter 608, Florida Statutes, the Florida Limited Liability Company Act, does hereby adopt the following Articles of Organization for such Company:

**ARTICLE I**  
**Name**

The name of this Company shall be **KWB PACKAGING, LLC.**

**ARTICLE II**  
**Duration**

The term of existence of the Company shall commence upon the filing of these Articles of Organization and shall be perpetual.

**ARTICLE III**  
**Mailing Address and Street Address**

The mailing address of the Company is 1317 Thompson Circle, NW, Winter Haven, FL 33881-2304.  
The street address is 1317 Thompson Circle, NW, Winter Haven, FL 33881-2304.

**ARTICLE IV**  
**Registered Agent and Office**

The name and street address of the Company's initial registered agent for service in the State is as follows: William G. Black, 1317 Thompson Circle, NW, Winter Haven, FL 33881-2304.

**ARTICLE V**  
**Management by Members**

The Company will be managed by its Members. The names and addresses of the initial Managing Members are as follows:

|                  |                                                         |
|------------------|---------------------------------------------------------|
| William G. Black | 1317 Thompson Circle, NW<br>Winter Haven, FL 33881-2304 |
| Kay W. Black     | 1317 Thompson Circle, NW<br>Winter Haven, FL 33881-2304 |

**ARTICLE VI**  
**Operating Agreement of Company**

The power to adopt, alter, amend or repeal the Operating Agreement of the Company shall be vested in the Members.

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**ARTICLE VII**  
**Informal Action of Members**

Any action of the Members may be taken without a meeting if consent in writing setting forth the action so taken shall be signed by all Members who would be entitled to vote upon such action at a meeting and filed with the Company as part of its records.

**ARTICLE VIII**  
**Transferability of Member's Interest**

An interest of a Member of this Company may be transferred or assigned only to such extent and in the manner provided in the Company's Operating Agreement.

IN WITNESS WHEREOF, the undersigned have hereunto set their hands and seals this 19<sup>th</sup> day of September, 2002.

William G. Black  
WILLIAM G. BLACK, Member

Kay W. Black  
KAY W. BLACK, Member

STATE OF FLORIDA  
COUNTY OF POLK

The foregoing instrument was acknowledged before me this 19<sup>th</sup> day of Sept., 2002, by **WILLIAM G. Black**, who is personally known to me or who produced his current drivers license as identification.



Susan L. Saunders  
MY COMMISSION # CC852597 EXPIRES  
August 15, 2003  
BONDED THRU TROY FAIR INSURANCE, INC.

Susan L. Saunders  
NOTARY PUBLIC

Print Name of Notary

My Commission Expires:

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DIVISION OF CORPORATIONS  
09 SEP 23 PM 2:10

STATE OF FLORIDA  
COUNTY OF POLK

The foregoing instrument was acknowledged before me this 19<sup>th</sup> day of Sept., 2002, by **KAY W. BLACK**, who is personally known to me or who produced her current drivers license as identification.



Susan L. Saunders  
MY COMMISSION # CC852597 EXPIRES  
August 15, 2003  
BONDED THRU TROY FAIR INSURANCE, INC.

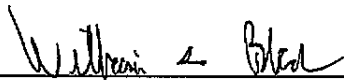
Susan L. Saunders  
NOTARY PUBLIC

Print Name of Notary

My Commission Expires:

**STATEMENT OF REGISTERED AGENT**

Having been named as Registered Agent and to accept service of process for the above-stated limited liability company, 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 relating to the proper and complete performance of my duties, and I am familiar with the accept the obligations of my position as Registered Agent as provided in Chapter 608, Florida Statutes.

  
\_\_\_\_\_  
**WILLIAM G. BLACK**

STATE OF FLORIDA  
COUNTY OF POLK

The foregoing instrument was acknowledged before me this 19<sup>th</sup> day of Sept, 2002, by **WILLIAM G. BLACK**, who is personally known to me or who produced his current drivers license as identification.

(SEAL)  Susan L. Saunders  
MY COMMISSION # CC852597 EXPIRES  
August 15, 2003  
BONDED THRU TROY FAIN INSURANCE, INC.

  
\_\_\_\_\_  
**NOTARY PUBLIC**

Print Name of Notary

My Commission Expires:

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