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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Certificates of Status

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FILED



March 5, 2003

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RE: Com-Pac Spray-n-Play, LLC

Dear Sir or Madam:

Enclosed please find the Articles of Organization for the above named entity. I am also requesting that these documents be certified. Mailing materials have been included. I understand that the fees to file the above entity will be \$155.00. Therefore, enclosed in this package you will find a check to cover all costs.

Once filed and certified please return final evidence to me at the below address via US Mail with the mailing materials I have included:

Start A Business.com
C/O Darrele DiRossi
101 Main Street, Suite One
Tappan, NY 10983

If you should have any questions, or if I can assist in any way, please do not hesitate to call me at 1.888.664.6263 or 845.398.0900.

Thank you,

Darrele DiRossi

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Com-Pac Spray-n-Play, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
1323 West Church St., Jacksonville, FL, 32204

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

NRAI Services, Inc.

Name

526 E. Park Avenue

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

FL 32301

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

NRAI Services, Inc.

By:

Registered Agent's Signature

Mark H. Schaeffer, Asst. Sec. NRAI

(An additional article must be added if an effective date is requested)

Irene F. Lovett

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Irene F. Lovett, Organizer

Typed or printed name of signer

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

STATE OF FLORIDA
TALLAHASSEE

03 MAR 11 PM 3:43

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