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Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : NATIONAL CORPORATE RESEARCH, LTD.
Account Number : I20000000088
Phone : (800) 221-0102
Fax Number : (212) 564-6083

LIMITED LIABILITY COMPANY

INDUSTRIAL & POWER PACKAGING, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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DIVISION OF CORPORATION

50-2-04

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

INDUSTRIAL & POWER PACKAGING, LLC**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:**Mailing Address:**733 KRAFT ROAD733 KRAFT ROADLAKELAND FL 33815LAKELAND FL 33815**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

National Corporate Research, Ltd., Inc.

Name

103 N. Meridian StreetFlorida street address (P.O. Box NOT acceptable)Tallahassee FLORIDA 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, Florida Statutes.


Registered Agent's SignatureKaren McKeown

Assistant Secretary

Print Name (& Title, if applicable)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

<u>MGRM</u>	<u>Thomas E. Cole</u>
	<u>5897 West Lake Road</u>
	<u>Conesus NY 14435</u>
<u>MGRM</u>	<u>Lawrence Mahlenbacher</u>
	<u>2060 Lakeville Road</u>
	<u>Avon NY 14414</u>
<u>MGRM</u>	<u>John Manning</u>
	<u>4543 Ollie Road</u>
	<u>Lakeland FL 33810</u>
<u>MGRM</u>	<u>W.W. Berry</u>
	<u>149 Hampton Meadows</u>
	<u>Hampton NH 03842</u>

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE:**


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.)

Dawn Trafficanti, Authorized Representative

Typed or printed name of signee

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)**

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