## L04000068246

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(D)	<u> </u>
(Document Number)	
Certified Copies Certificates of Status	·
Special Instructions to Filing Officer:	
Special Instructions to Filing Officer:  Office Use Only	5



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##125.00

O4 SEP 17 MM 10: 55
SECTIONARY OF STATE
TALLAHASSEE, FLORIDA



## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

apyrus Distribution Le	OF SEP 17 MICE
Signature	Art of Inc. File  LTD Partnership File  Boreign Corp. File  L.C. File  Fictitious Name File  Trade/Service Mark  Merger File  Art. of Amend. File  RA Resignation  Dissolution / Withdrawal  Annual Report / Reinstatement  Cert. Copy  Photo Copy  Certificate of Good Standing  Certificate of Fictitious Name  Corp Record Search  Officer Search  Fictitious Swareh  Fictitious Owner Search
Requested by 9/17 Name Date Time  Walk-In Will Pick Up	Vehicle Search
want-m will lek up	Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMBANY?
ARTICLE I - Name: The name of the Limited Liability Company is: Papy rus Distribution, 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:
3031 Woodlands Prive 3031 Woodlands Drive
Margate F1 33063 Margate F1 33063
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Carlos B. Thimann Name
Florida street address (P.O. Box NOT acceptable)
Margate FL 33063 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..

Registered Agent's Signature

(CONTINUED)

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

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

Carlos B. Thimann 3031 Woodlands Druce Margate El. 33063 Eliser Ron
,
3810 SW 79 AUC #58
Luis A Rolando 106653 Golfview Deive Weston Fl. 3326
15.

(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.)

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)