

LO7000106277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

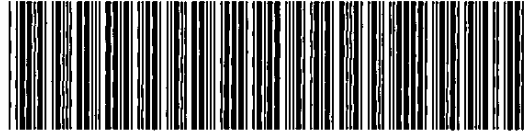
(Document Number)

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Certificates of Status \_\_\_\_\_

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10/19/07--01030--014 \*\*155.00

RECEIVED  
07 OCT 19 AM 11:18  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS

FILED  
07 OCT 19 PM 12:55  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

FILED  
07 OCT 19 PM 12:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CONTACT: TRACY SPEAR

DATE: 10-19-07

REF. #: 001660.76182

CORP. NAME: NO MORE PAPER, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 523299 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

Audit#

**ARTICLES OF ORGANIZATION**

**NO MORE PAPER, LLC**  
a Florida limited liability company

**FILED**  
07 OCT 19 PM 12:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I**  
**NAME**

The business and affairs of the Limited Liability Company shall be conducted under the name of:

**NO MORE PAPER, LLC**

**ARTICLE II**  
**PRINCIPAL OFFICE**

The street address and the mailing address of the principal place of business of the Limited Liability Company shall be:

672 Jungle Queen Way  
Longboat Key, FL 34228

**ARTICLE III**  
**INITIAL REGISTERED AGENT/OFFICE**

The registered office of the Limited Liability Company and its initial registered agent shall be:

Martin J. Rosen  
672 Jungle Queen Way  
Longboat Key, FL 34228

Audit#

Audit#

**ARTICLE IV**  
**MANAGEMENT AND POWERS**

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations or Operating Agreement of the Limited Liability Company.

IN WITNESS WHEREOF, these Articles of Organization have been executed as of the  
18<sup>th</sup> day of October, 2007.

By: \_\_\_\_\_

  
Martin J. Rosen

"Authorized Representative"

Audit#

Audit#

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.


1. The name of the Limited Liability Company is:

**NO MORE PAPER, LLC**

2. The name and the Florida street address of the registered agent is:

Martin J. Rosen  
672 Jungle Queen Way  
Longboat Key, FL 34228

Having been named 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 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.

By:   
Martin J. Rosen

**"REGISTERED AGENT"**

Audit#