

Division of Corporations
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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CSH SERVICES, LLC

Account Number : I20070000160 Phone : (800)494-3124

Fax Number : (561)455-9885

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Paper Kitz, LLC

Certificate of Status	0	M. THOMAS
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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608 and/or 621,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

PAPER KITZ, LLC

ARTICLE II ____ ADDRESS

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

6140 E. IRLO BRONSON HWY SAINT CLOUD, FLORIDA 34771

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &

<u>REGISTERED AGENT SIGNATURE</u>

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

AMANDA N. GIFFORD, ESQ.

1053 MAITLAND CENTER COMMONS, SUITE 101

MAITLAND, FLORIDA 32751

Having been named as registered agent 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 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.

AMANDA N. GIFFORD, ESQ / Registered Agent's signature

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PAPER KITZ, LLC

ARTICLE IV **MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER ... KIT L. BAUER 6140 E. IRLO BRONSON HWY SAINT CLOUD, FLORIDA 34771

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.

KIT L. BAUER