	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	

A. LUNT

JAN 12 2010

EXAMINER

Office Use Only



900163984499

01/11/10--01029--022 **160.00

COVER LETTER

· TO:

TO:	Registration Division of C							
SUBJ	ECT:	Platinum P	1			LLC		
		Name of Limi	ted Liabi	lity Com	pany			
		of Organization and fee(s) are spondence concerning this man			- ,			
		Edv	vin W.	Stranb	erg		Zs.	201
			Name o	f Person			53	<u></u>
		_	ickaging Solutions, LLC				2010 JAN 1 1	
				ompany			E C	70
	15982			Creek	Drive			PH 12: 56
				lress				
							327	gr)
			y Beac					
			ty/State a	•				
		edstra E-mail address: (to be used	anberg	@gma	il.com	<u> </u>		
For fu	rther information	n concerning this matter, pleas		usinour re	,	,,		
		ne M. Wagner	at (715 Area Co) de & Daytime	292-7439 Telephone Numbe	 r	
	sed is a check	for the following amount: \$\int\\$130.00 \text{ Filing Fee & Certificate of Status}	Ce	5.00 Fil rtified C	ing Fee &	\$160.00 F	iling Fee e of Statu Copy	ıs &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registra Divisio Clifton 2661 E	Courier Add ation Section n of Corpora Building xecutive Cen ssee, FL 323	tions ter Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is	:
Platinum Packaging	Solutions, LLC
(Must end with the words "Limited Liab	
ARTICLE II - Address:	
The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
15982 Laurel Creek Drive	15982 Laurel Creek Drive
Delray Beach, FL 33446	Delray Beach, FL 33446
(The Limited Liability Company cannot serve as its own Region business entity with an active Florida registration.) The name and the Florida street address of the	d Office, & Registered Agent's Signature: stered Agent. You must designate an individual of another registered agent are:
Alison R	. Martin
Name	. Martin
15982 Laurel	Creek Drive
Florida street address (P.C). Box NOT acceptable)
Delray Beach, 33446	FL
City, State,	and Zip
liability company at the place designated in	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. 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..

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Mana "MGRM" = Ma	ager anaging Member	Name and Address:			
MGR		Edwin W. Stranberg 15982 Laurel Creek Drive Delray Beach, FL 33446	<u></u>	 - -	
MGR		Eugene M. Wagner 21710 Fallriver Drive Boca Raton, FL 33428	SECRETARY OF T	2010 JAN II PK	7
			ORIDA	12: 56	<u> </u>
f an effective date is li or 90 days after the c	e date, if other than the isted, the date must b date of filing.)	date of filing: (e specific and cannot be more than five bu			
REQUIRED S	_allisi	R Martin er or an authorized representative of a member.			
		ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury rein are true.)			
Filing Fee		Alison R. Martin			
	_	nization and Designation			

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)