

7/11/12

Division of Corporations

**Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : HUBCO
Account Number : 104662003400
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Fax Number : (516) 935-3088

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: donna.Richardson@jtschulman.com

**FLORIDA LIMITED LIABILITY CO.
Albany Packaging USA LLC**

Certificate of Status	1
Certified Copy	0
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A. LUNT

JUL 12 2011

EXAMINER

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Albany Packaging USA LLC**

ARTICLE II - Address

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

Principal Office Address:

2855 N. University Drive, Suite 430

Coral Springs, FL 33065

Mailing Address:

2855 N. University Drive, Suite 430

Coral Springs, FL 33065

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ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

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

Mitchell Fisher

Name

2855 N. University Drive, Suite 430

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Coral Springs, FL 33065

(City / State / 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 - Mitchell Fisher

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

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Mitchell Fisher - 2855 N. University Drive, Suite 430, Coral Springs, FL 33065

MGRM

Jason Fisher - 2855 N. University Drive, Suite 430, Coral Springs, FL 33065

(Use attachment if necessary)

REQUIRED SIGNATURE:


Signature of a member or 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.)

Mitchell Fisher

Typed or printed name of signer

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