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Division of Corporations Department of State

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ROE@VIABLEPACKAGING.COM Email Address:

## FLORIDA LIMITED LIABILITY CO. VIABLE PACKAGING LLC

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#### Audit # H17000149393

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I

#### Name and Address

The name of this Limited Liability Company is:

#### VIABLE PACKAGING LLC

The mailing address and street address of the Limited Liability Company are:

#### 4304 W. EL PRADO BLVD. **TAMPA, FL 33629**

## ARTICLE II **Term of Existence**

This Limited Liability Company shall have perpetual existence, commencing upon the date of filing of these Articles with the Florida Department of State.

### ARTICLE III **Purpose and Powers**

This Limited Liability Company is organized for the purpose of transacting any and all lawful business for which a Limited Liability Company may be organized under the laws of the State of Florida.

#### ARTICLE IV **Powers**

The Limited Liability Company shall have the powers granted to a Limited Liability

Company under the laws of the State of Florida.

This form was prepared with the assistance of CourtAccess Centers of America, Inc., a non-lawyer located at3812 W Linebaugh Ave.. Suite 102, Tampa, FL 33618,, 813-875-1333.

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# ARTICLE V Initial Registered Office and Agent

The street address of the initial registered office of this Limited Liability Company is:

### 4304 W. EL PRADO BLVD. TAMPA, FL 33629

and the name of its registered agent at such address is:

#### ROBERT P. WINSTON

### ARTICLE VI Management

The name and address of each person authorized to manage and control the Limited Liability Company:

#### Name and Address

ROBERT P. WINSTON, AUTHORIZED MEMBER 4304 W. EL PRADO BLVD. TAMPA, FL 33629

- DocuBianed by:

Dated: Friday, June 02, 2017	Fold Nu
	ROBERT P. WINSTON

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#### ACCEPTANCE BY REGISTERED AGENT

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.

-DocuStaned by:

Date: <u>June 2, 2017</u>		Fold Nu
	 ROBERT P. WINSTON	