

L200000010762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

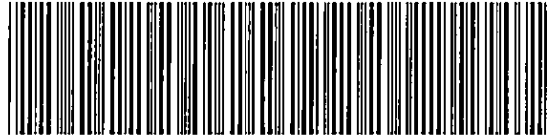
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2020 JAN 15 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FL

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 141405 9955A

AUTHORIZATION



COST LIMIT : \$125.00

ORDER DATE : January 15, 2020

ORDER TIME : 9:52 AM

ORDER NO. : 141405-005

CUSTOMER NO: 9955A

DOMESTIC FILING

NAME: PAPER PLUS PALM COAST, LLC

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
XX _____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson - EXT.

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION

FOR

PAPER PLUS PALM COAST, LLC

Article I

The name of the Limited Liability Company is Paper Plus Palm Coast, LLC.

Article II

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

19 Avenue De La Mer, Unit 706
Palm Coast, FL 32137

Article III

The Limited Liability Company shall be Manager-managed, and the Initial manager shall be John Marin.

Article IV

The name and address of the Limited Liability Company's registered agent is:

JOHN MARIN
19 Avenue De La Mer, Unit 706
Palm Coast, FL 32137

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 605, F.S..

Registered Agent's Signature: _____

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

In accordance with section 605.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

JOHN MARIN
Typed or printed name of signee