

L20000302383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

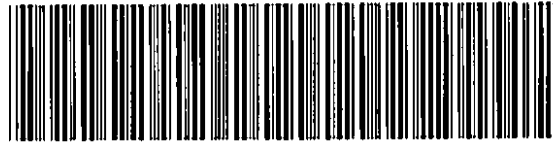
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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RECEIVED
2020 OCT -5 PM 12:29
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2020 OCT -5 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

OCT -

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956.
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 10/5/2020

PRIORITY Routine

OUR REF.# (Order ID#) 855774

ORDER ENTITY

KINGDOM PAPER AND BOARD LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

KINGDOM PAPER AND BOARD LLC (FL)

Please file the attached articles and provide a certified copy as evidence.

NOTES:

\$155.00 Authorized

Email address for annual report reminders: jim@weinbergpc.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2020 OCT -5 AM 8: 28

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE
TALLAHASSEE, FL

KINGDOM PAPER AND BOARD LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

4800 N. FEDERAL HIGHWAY

BUILDING D, SUITE 302

BOCA RATON, FL 33431

4800 N. FEDERAL HIGHWAY

BUILDING D, SUITE 302

BOCA RATON, FL 33431

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

MELVIN MILLER

Name

4800 N. FEDERAL HIGHWAY

Florida street address (P.O. Box **NOT** acceptable)

BOCA RATON

FLORIDA

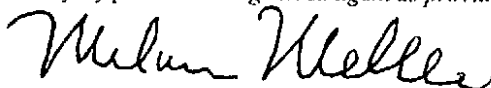
33431

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 605, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

MELVIN MILLER
550 S. OCEAN BLVD., #1405
BOCA RATON, FL 33432

AMBR

LINDA MCGUFFIE
62 NW CHAUCER LANE
BOCA RATON, FL 33432

AMBR

ARTURO CASTILLO
16885 BRIDGE CROSSING CIRCLE
DELRAY BEACH, FL 33446

AMBR

LARRY MILLER
10242 SWEET BAY MANOR
PARKLAND, FL 33076

SECRETARY OF STATE
TALLAHASSEE, FL

2020 OCT -5 AM 8:28

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Lawrence A. Kirsch

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

LAWRENCE A. KIRSCH

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)