

L210004027886
Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

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Phone : (954)791-2100
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Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
Paper Paradox, LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
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Corporate Filing Menu

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ARTICLES OF ORGANIZATION
OF
PAPER PARADOX, LLC

ARTICLE I - NAME

The name of the limited liability company is Paper Paradox, LLC, ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:

7100 West Camino Real, Suite 302-20
Boca Raton, Florida 33433

Mailing Address:

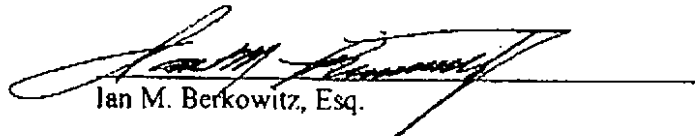
7100 West Camino Real, Suite 302-20
Boca Raton, Florida 33433

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Ian M. Berkowitz, Esq.
Berkowitz & Associates, P.A.
5301 North Federal Highway, Suite 110
Boca Raton, Florida 33487

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.


Ian M. Berkowitz, Esq.

10:11:33 - 11/03/2021

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ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

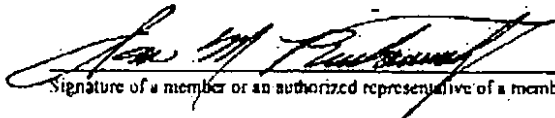
MGR/AMBR

Ben Weiss
7100 West Camino Real, Suite 302-20
Boca Raton, Florida 33433

ARTICLE V - OTHER MATTERS

The Company has been established to conduct business in any and all legal activities.

REQUIRED SIGNATURE:


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.

Ian M. Berkowitz

Typed or printed name of signer

2021 NOV -3 PM 11:01
10/11/21 8:13 AM FAX

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