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ACCOUNT NO. : 072100000032

REFERENCE : 473697 4352312

AUTHORIZATION : Patricia Pizito

COST LIMIT : \$ 125.00

ORDER DATE : November 8, 1999

ORDER TIME : 11:54 AM

ORDER NO. : 473697-010

600003044056--8

CUSTOMER NO: 4352312

CUSTOMER: Ms. Moira K. Kerr  
DEVORSETZ STINZIANO GILBERTI &  
DEVORSETZ STINZIANO GILBERTI &  
555 East Genesee Street

Syracuse, NY 13202-2159

DOMESTIC FILING

NAME: SUPERIOR PACKAGING SOLUTIONS  
AND SERVICES, L.C.

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION  
       CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jamela Abaied

EXAMINER'S INITIALS:

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

99 NOV 15 PM 2:15

FILED

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

99 NOV 15 PM 12:19

RECEIVED

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Superior Packaging Solutions and Services, L.C.

**ARTICLE II - Address:**

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

c/o Woodbine Group, Inc  
505 East Fayette Street  
Syracuse, New York 13202

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be:

Perpetual

**ARTICLE IV - Management**

**(check and complete the appropriate statement)**

- ☒ The Limited Liability Company is to be managed by a manager or managers and the names(s) and address(es) of such manager(s) who is/are to serve as manager(s) is /are:

Norman E. Swanson  
505 East Fayette Street  
Syracuse, New York 13202

- ☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Superior Packaging Solutions and Services, L.C.

2. The name and address of the registered agent and office is:

Ainsley Superior Warehouse - Florida, Inc.

(Name)

1063 Canada Drive, Emson International Industrial Park

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

Jacksonville, FL 32218

(City/State/Zip)

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*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.*

By: 

Norman E. Swanson, Manager

11-4-99  
(Date)

**Filing Fee: \$35 Designation of Registered Agent**