DOCUN	MENT # MOO	00000	1420									
SOUTHERN SOURCE PACKAGING, LLC						FILED SEGRETARY OF STATE DIVISION OF CORPORATIONS						
Principal Place	e of Business	Ma	iling Address			-		01 SE	EP 25	PM	9: 44	,
3517 40TH STREET Tampa FL 33601			3517 40TH STREET TAMPA FL 33601		-						R	
2. Principal Pla	lace of Business	3. N	failing Address									
Suite, Apt. #	Suite, Apt. #, etc. City & State		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. FEI N	4. FEI Number Applied For Not Applied For					
Zip	Country	Z	îp	Countr	ry			atus Desired			5.00 Add	
	6. Name and Address of C	Current Registe	ered Agent			7. Name	and Add	ress of New	/ Registe			,
СТ	CORPORATION SYSTEM				Name							
120	00 SOUTH PINE ISLAND RO	DAD			Street Address (P.O. Box Number is Not Acceptable)							
PLA	ANTATION FL 33324											
	***************************************			L								
SIGNATURE	named entity submits this state	·	applicable. (NO	TE: Registered	Agent signature req	uired when reinstati		the State of	Florida.	FL	Zip Cod	e
SIGNATURE	named entity submits this state	·	applicable. (NO FILE N Make Check P	TE: Registered NOW!!! F	d office or regis	uired when reinstati 0 f of State		the State of	Florida.	<u>- </u>	Zip Cod	e
SIGNATURE	named entity submits this state Signature, typed or printed name of registe	·	applicable. (NO FILE N Make Check P Due B	TE: Registered NOW!!! F	d office or regist Agent signature requirements EE IS \$50.0 Department	uired when reinstati 0 f of State		the State of	Florida.	DATE	Zip Cod	e
Signature _	named entity submits this state Signature, typed or printed name of registe MANAGING MGR SCHWARZ PARTNERS, 7225 WOODLAND DRIM	MEMBERS/MALP. E, SUITE 200	applicable. (NO FILE N Make Check P Due B NAGERS	NOW!!! F Payable to By Septem 10. TITLE NAME STREE	Agent signature requirements of the property o	uired when reinstati 0 f of State		# \ \ \	Florida.	NGES	Zip Cod	
3. IIILE VAME STREET ADDRESS	named entity submits this state Signature, typed or printed name of registe MANAGING MGR SCHWARZ PARTNERS,	MEMBERS/MALP. E, SUITE 200	applicable. (NO FILE N Make Check P Due B NAGERS	NOVIE: Registered NOVIII F layable to ly Septem 10. TITLE NAME STREE CITY-S TITLE NAME STREE	Agent signature requirements of the property o	uired when reinstati 0 f of State	ng)	ADDITION 3002 -09/2	Florida. IS/CHAN	NGES	Change Change	Addition
SIGNATURE	named entity submits this state Signature, typed or printed name of registe MANAGING MGR SCHWARZ PARTNERS, 7225 WOODLAND DRIM	MEMBERS/MALP. E, SUITE 200	applicable. (NO FILE N Make Check P Due B NAGERS	IOW!!! F ayable to by Septem 10. TITLE NAME STREE CITY-S TITLE NAME STREET CITY-S TITLE NAME	Agent signature requirements of the property o	uired when reinstati 0 f of State	ng)	ADDITION 3002 -09/2	Florida.	NGES [Change Change	Addition Addition 1
SIGNATURE	named entity submits this state Signature, typed or printed name of registe MANAGING MGR SCHWARZ PARTNERS, 7225 WOODLAND DRIM	MEMBERS/MALP. E, SUITE 200	### Pile N ### And Pile N ##	DTE Registered NOW!!! F ayable to ty Septem 10. TITLE NAME STREET NAME STREET CITY-5 TITLE NAME STREET TITLE NAME STREET STREE	Agent signature requirements of the property o	uired when reinstati 0 f of State	ng)	ADDITION -09/2* *****	Florida. IS/CHAN	NGES	Change Change らご いた	Addition Addition Addition
SIGNATURE	named entity submits this state Signature, typed or printed name of registe MANAGING MGR SCHWARZ PARTNERS, 7225 WOODLAND DRIM	MEMBERS/MALP. E, SUITE 200	### Picable (NO FILE N Make Check P Due B NAGERS Delete	ITILE NAME STREET CITY-S TITLE NAME STREET CITY-S	Agent signature requirements of the property o	uired when reinstati	ng)	ADDITION -09/2* *****	IS/CHAP 18/01- 18/01-	VIGES C	□ Change □ Change □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Addition

SIGNATURE:

9/19/01 Date

317-290-1140 Daytime Phone #