# M0900001988

| (Re                     | equestor's Name)  | ,           |
|-------------------------|-------------------|-------------|
| (Ad                     | dress)            |             |
| (Ad                     | dress)            |             |
| (Cit                    | ty/State/Zip/Phon | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nar | me)         |
| (Do                     | ocument Number)   |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |

Office Use Only



300156312673



B. KOHR
MAY 2 6 2009

EXAMINER

FILED

09 MAY 26 PH 4: 15

SECRETARY OF STATE
ALLAHASSEE, FLORIDA



ACCOUNT NO. : I2000000195 REFERENCE: 999881 AUTHORIZATION COST LIMIT : ORDER DATE: May 19, 2009 ORDER TIME : 12:18 PM ORDER NO. : 999881-005 CUSTOMER NO: 4320744 FOREIGN FILINGS NAME: PHOENIX PACKAGING SOUTHEAST LLCXXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Kimberly Moret -- EXT# 2949 EXAMINER:

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1.  | Phoenix Packaging Southeast LLC  |
|-----|--|
| ••• | (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")   |
| co  | name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written usent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C.," "LLC.")  |
|     | Delaware  (Jurisdiction under the law of which foreign limited liability company is organized)  3. (FEI number, if applicable)   |
| 4.  | 04/02/2009  (Date of Organization)  5. Perpetual  (Duration: Year limited liability company will cease to exist or "perpetual")  |
| 6.  | N/A  |
|     | (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  |
| 7.  | c/o Phoenix Packaging Group, 3900 Pembroke Road, Hollywood, FL 3001  |
|     | (Street Address of Principal Office)   |
| 8,  | (Street Address of Principal Office)  If limited liability company is a manager-managed company, check here   The name and usual business addresses of the managing members or managers are as follows:  |
| 9.  | The name and usual business addresses of the managing members or managers are as follows:  |
|     | Alberto Peisach, 3900 Pembroke Road, Hollywood, Florida 33201  |
|     | Monica Peisach, 3900 Pembroke Road, Hollywood, Florida 33201   |
|     | Jaime Lederman, 3900 Pembroke Road, Hollywood, Florida 33201   |
| the | Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a salation of the certificate under oath of the translator must be submitted.) |
| 11  | . Nature of business or purposes to be conducted or promoted in Florida: Business Transactions   |
|     | Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes  |
|     | an affirmation under the penalties of perjury that the facts stated herein are true.)  Alberto Peisach, President and Operating Manager  |

Typed or printed name of signee

#### 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 SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

|             | ckaging Southeast LLC         | be used in the state of Florida is:        |   |
|-------------|-------------------------------|--|---|
|             |                               |  |   |
| 2. The name | and the Florida street addres | ss of the registered agent and office are: |   |
|             | Monica Sasson                 |  |   |
|             |                               | (Name)                                     | • |
|             | c/o Phoenix Packagin          | ng Group, 3900 Pembroke Road               |   |
|             | Florida Street A              | Address (P.O. Box NOT ACCEPTABLE)          | • |
|             | Hollywood                     | FL 33021                                   |   |
|             |                               | City/State/Zip                             |   |

edrelating 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 608, Florida Statutes.

Monica Sasson

\$ 100.00 Filing Fee for Application Designation of Registered Agent \$ 25.00 Certified Copy (optional) \$ 30.00 Certificate of Status (optional) 5.00

## Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PHOENIX PACKAGING SOUTHEAST LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF MAY, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PHOENIX PACKAGING SOUTHEAST LLC" WAS FORMED ON THE SECOND DAY OF APRIL, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4672621 8300

090494346

Jeffrey W. Bullock, Secretary of State

AUTHENTYCATION: 7310424

DATE: 05-19-09

You may verify this certificate online at corp.delaware.gov/authver.shtml