MU9UUUU04755

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone) #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies		
Special Instructions to	Filing Officer:	
	,	

Office Use Only



100163277191

DIVISION OF EDUTIONS OF TALL AND SEE, FLORIDA

RECEIVED.

09 DEC -7 PM 2: 50

B. KOHR

DEC - 7 2009

EXAMINER



ACCOUNT	NO.	:	I2000000195

REFERENCE :

208522

4321592

AUTHORIZATION G

CUSTOMER NO: 4321592

COST LIMIT : ST

ORDER DATE :	December 4, 2009
ORDER TIME :	8:59 AM
ORDER NO. :	208522-005

FOREIGN FILINGS

NAME: PRATT RETAIL SPECIALITIES, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY YX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Troy Todd EXT# 2940
EXAMINER:

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Pratt Retail Specialties, LLC (Name of Foreign Limited Liability Company; must include	e "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C.," "LLC.")	of transacting business in Florida and attach a copy of the writte
2. Delaware . 3.	26-2989480
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. July 16, 2008	Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon qualification	······································
(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S. t	ida, if prior to registration.) o determine penalty liability)
7 1800-C Sarasota Parkway, Conyers, GA 300	
(Street Address of	Principal Office)
8. If limited liability company is a manager-managed c	ompany, check here 🔀
9. The name and usual business addresses of the manag	vina mambana or managera are as follows:
•	•
David Wiser, 1800-C Sarasota Parkway, Con	nyers, GA 30013
Douglas R. Balyeat, 3535 Piedmont Road B	uilding 14, Suite 440, Atlanta, GA 30305
D.J. Kyles, 1800-C Sarasota Parkway, Conyo	ers, GA 30013
10. Attached is an original certificate of existence, no more than 90 day the jurisdiction under the law of which it is organized. (A photocopy in translation of the certificate under oath of the translator must be submit	s not acceptable. If the certificate is in a foreign language, a
11. Nature of business or purposes to be conducted or p	promoted in Florida: Sale of specialty
paper containers	
Signature of a member or an auth	orized representative of a member.
(In accordance with section 608.408(3), F.S. an affirmation under the penalties of perjury	, the execution of this document constitutes that the facts stated herein are true.)
	edmont Road Building 14, St

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.

	of the Limited Liability Company is: Specialties, LLC	
If name unavai	ilable, the alternate name to be used in the state of Flo	orida is:
2. The name a	and the Florida street address of the registered agent a	nd office are:
	Corporation Service Company (Name)	
	1201 Hays Street Florida Street Address (P.O. Box NOT ACCEP	TARLE)
	Tallahassee FL 32301	
	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 608, Florida Statutes.

Corporation Service Company

BY: Sonyax Condell
(Signature)

Sonya L. Cordell Assistant VP

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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "PRATT RETAIL SPECIALTIES, 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 FOURTH DAY OF DECEMBER, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRATT RETAIL SPECIALTIES, LLC" WAS FORMED ON THE SIXTEENTH DAY OF JULY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4575676 8300

091071825

AUTHENTY CATION: 7679058

DATE: 12-04-09

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