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EXAMINER



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CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT.# FCA-14

CONTACT: Kim Weidenbach

DATE: 7/13/11

REF.#: 001555.151165

CORP. NAME: Kim Weidenbach

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- |   |   |  |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION        | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT                    | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input checked="" type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP    |  |
| <input type="checkbox"/> REINSTATEMENT                    | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION      |   |  |
| <input type="checkbox"/> OTHER:                           |   |  |

STATE FEES PREPAID WITH CHECK# 540660 FOR \$ 156.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

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

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

1. PARAGON INTERNATIONAL SUPPLY CHAIN SOLUTIONS, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written  
consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability  
Company," "L.L.C.," "LLC.")

2. TENNESSEE 3. 27-4790552  
(Jurisdiction under the law of which foreign limited liability (PEI number, if applicable)  
company is organized)

4. 02/02/2011 5. PERPETUAL  
(Date of Organization) (Duration: Year limited liability company will cease to  
exist or "perpetual")

6. UPON FILING  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 10262 BAYLEE LANE  
SAN DIEGO CA 92127  
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

David Lim 10262 Baylee Lane San Diego CA 92127

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in  
the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a  
translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: providing supply chain consulting and service integration solutions

David Lim  
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. 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.)

David Lim

Typed or printed name of signee

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

**1. The name of the Limited Liability Company is:**

PARAGON INTERNATIONAL SUPPLY CHAIN SOLUTIONS, LLC

**If unavailable, the alternate to be used in the state of Florida is:**

\_\_\_\_\_

**2. The name and the Florida street address of the registered agent and office are:**

National Corporate Research, Ltd., Inc.

(Name)

515 East Park Avenue

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

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.*

Kim Peters - Assistant Secretary  
(Signature)

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



**STATE OF TENNESSEE**  
**Tre Hargett, Secretary of State**  
**Division of Business Services**  
William R. Snodgrass Tower  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

CFS

July 12, 2011

992 DAVIDSON DRIVE  
SUITE B  
NASHVILLE, TN 37205

**Request Type: Certificate of Existence/Authorization**

Issuance Date: 07/12/2011

Request #: 0042723

Copies Requested: 1

**Document Receipt**

Receipt #: 509575

Filing Fee: \$20.00

Payment-Check/MO - CFS, NASHVILLE, TN

\$120.00

Deposit-Account - CFS, NASHVILLE, TN

\$100.00

**Regarding: PARAGON INTERNATIONAL SUPPLY CHAIN SOLUTIONS, LLC**

**Filing Type:** Limited Liability Company - Domestic

**Control #:** 650016

**Formation/Qualification Date:** 02/02/2011

**Date Formed:** 02/02/2011

**Status:** Active

**Formation Locale:** Tennessee

**Duration Term:** Perpetual

**Inactive Date:**

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**PARAGON INTERNATIONAL SUPPLY CHAIN SOLUTIONS, LLC**

\* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

\* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

\* has appointed a registered agent and registered office in this State;

\* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

Processed By: Nichole Hambrick