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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 101043 4363870

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: March 7, 2018

ORDER TIME : 4:0 PM

ORDER NO. : 101043-010

CUSTOMER NO: 4363870

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## FOREIGN FILINGS

NAME: PSIX LLC

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") PAPER SYSTEMS LLC If name unavailable, onter ademate name adopted for the purpose of transacting business in Flurids. The shermate mast include "Lineared Lubsling Company," "L.L.C." or "L.L.C." or "L.L.C."." 3. 82-3880859 (HEL number, if applicable) Darisdiction under the law of which foreign limited liability company is organized) 3595 Rider Trail South 421 NE 14th St. (Mailing Address) (Street Address of Princips Office) Ocala, FL 34471 Earth City, MO 63045 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee Registered agent's acceptance: 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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Roxanne Turner Asst. Vice President 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: **BRYAN EOVALDI** MANAGER 3595 Rider Trail South Earth City, MO 63045 (Use attachments if necessary) 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Typed or printed name of signee

BRYAN EOVALDI, MANAGER

## UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I. Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show PSIX, LLC, an Ohio For Profit Limited Liability Company, Registration Number 4103418, was organized within the State of Ohio on December 1, 2017, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 7th day of March, A.D. 2018.

Ohio Secretary of State

Jon Hastel

Validation Number: 201806603768