

M18000008847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

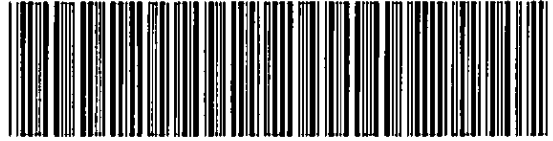
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED

18 SEP 26 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 SEP 26 PM 4:09

K SALY
SEP 27 2018

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 412975 7256966

AUTHORIZATION :



COST LIMIT : \$ 125.00

ORDER DATE : September 26, 2018

ORDER TIME : 11:06 AM

ORDER NO. : 412975-005

CUSTOMER NO: 7256966

FOREIGN FILINGS

NAME: PARAGON PLASTICS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER: _____

CONSENT TO USE OF NAME

PARAGON PLASTICS, INC., a Florida corporation (Document No. P98000054530), hereby consents to the use of the name "PARAGON PLASTICS" by PARAGON PLASTICS, LLC, an Indiana limited liability company.

IN WITNESS WHEREOF, the undersigned has caused this consent to be executed on this 26th day of September, 2018.

PARAGON PLASTICS, INC.

By: _____

David E. Trout
Its President

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18 SEP 26 PM 1:20
CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

1. PARAGON PLASTICS, 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. INDIANA

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-1885748

(FBI number, if applicable)

4. OCTOBER 1, 2018

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 310 SOUTH WABASH

(Street Address of Principal Office)

ASHLEY, INDIANA 46705

6. 310 SOUTH WABASH

(Mailing Address)

ASHLEY, INDIANA 46705

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

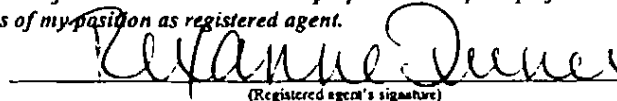
(City)

, Florida 32301

(Zip code)

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.



(Registered agent's signature)

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:

CEO and President

Scott Pflughoeft

CFO/Secretary/Treasurer

Michael Morgan

1401 Armstrong Drive
Titusville, Florida 32780

1401 Armstrong Drive
Titusville, Florida 32780

Chairman of the Board

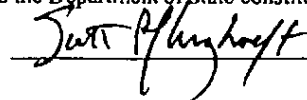
Rodney Schoon

1401 Armstrong Drive
Titusville, Florida 32780

(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.



Signature of an authorized person

SCOTT PFLUGHOEFT

Typed or printed name of signer

FILED
18 SEP 26 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

FILED
18 SEP 26 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To Whom These Presents Come, Greeting:

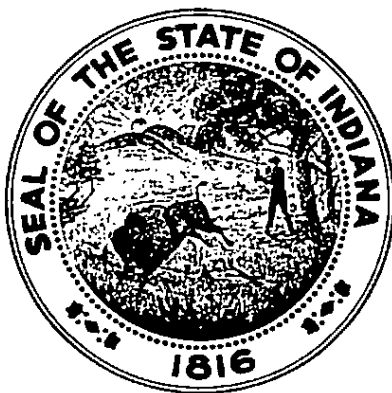
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

PARAGON PLASTICS, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on September 12, 2018, and was in existence or authorized to transact business in the State of Indiana on September 26, 2018.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, September 26, 2018

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

201809121278846 / 2018741042

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on October 26, 2018.