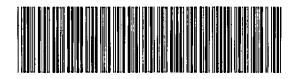
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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 19, 2019

JOHNIE WEEMS III 981 HWY 98 E, STE 3424 DESTIN, FL 32541

SUBJECT: DELTA PACKAGING AND SUPPLY, LLC

Ref. Number: W19000076775

We have received your document for DELTA PACKAGING AND SUPPLY, LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted the document and fees to form a Florida corporation; however, your name implies you wish to form a limited liability company. The name of a corporation cannot contain a limited liability company suffix. Limited Liability Company, L.L.C. and LLC are all limited liability company suffixes. The name of a corporation must contain Corporation, Corp., Incorporated, Inc., Company or Co.

Please correct the suffix or, if you wish to form a limited liability company, submit "Articles of Organization" along with the additional fee(s). Any fees previously submitted with your corporate filing will be applied to your limited liability company filing.

We are enclosing the proper form(s) with instructions for your convenience.

THERE IS A FEE DUE OF \$55.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brooke N Kinsey Regulatory Specialist II

Letter Number: 019A00017067

Division Annual Contract Contr

#### COVER LETTER

TO: Registration Section

Division of Corporations
SUBJECT: DELTA PACKAGING and CUPPLIC Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Name of Person
Della Ruckaging and Supply Flin/Company
901 HWY 90E GUILO 3424 Address
DCGIN FL 32541  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
KUGU MULINUM at (UU), 35A-9419U  Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT OF STATE  \$125.00 Filing Fee \$\Bigcup \$

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

te unavailable, enter afternate name adopted for the purpose of transacting business in Florid	da. The alternate name must include "Limited Liability Company," "I, I, C," or "LLC")
MG Jurisdiction under the law of which foreign limited hability company is organized)	3. <u>UA - 0933543</u> (FEI minuter, il applicable)
(Date first transacted business in Florida, if prior to repose sections 605 0904 & 605 0905, F.S. to determine	gistration) e penalty hability)
500 EVIF COVEN Drive (Street Address of Principal Office)	6. PO BOX 3:21395
Flowood MG 39232	Flowood, MG 39232
Tame and <u>street address</u> of Florida registered agent: (P.O. Box.)	NOT acceptable)
Name: JOHNIE WEEMS	
William & House 991 HW 99E Chite 30	1 L4 · · ·
Office Address: 901 HW 96E SUIL 30 DESTIN	P

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: JOHNIE WERMS Manager Name: Address: 901 HWY 966 GUTE 3421 Member Member Address: DESTIN FL 32541 [ Authorized Authorized Person Person []Other\_\_\_\_\_\_ Other\_\_\_\_ Other Other Manager | Manager Name: ☐ Member Member Address: Address: Authorized Authorized Person Person Other\_\_\_\_ Other\_\_\_\_ Other Other Name: Member ☐ Member Address: Authorized Authorized Person Person Other\_\_\_ Other\_ Other\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the unisdiction 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 \$.817,155, F.S.



#### DELBERT HOSEMANN Secretary of State

## Office of the Secretary of State Jackson, Mississippi

### Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

#### DELTA PACKAGING & SUPPLY, LLC

Registered the 10th day of November, 2000

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

500 Gulf South Drive Flowood, MS 39232

And that the registered agent at that address is:

Weems, Johnie F

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office the 2nd day of August, 2019

C. Delbert Hosemann, Jr.

Secretary of State

Certificate Number: CN19069695

Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx