

11/6/2020

MR 00000000 10078

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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Foreign Limited Liability Company
AUTOMATED PACKAGING SYSTEMS, LLC

Certificate of Status	0
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Page Count	02
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Corporate Filing Menu

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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. Automated Packaging Systems, 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. Ohio 34-0921189
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 7/30/2019
(Date first transacted business in Florida, if prior to registration;
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2415 Cascade Pointe Boulevard 2415 Cascade Pointe Boulevard
(Street Address of Principal Office) (Mailing Address)
Charlotte, NC Charlotte, NC
28208 28208

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

Name. Corporation Service Company
Office Address. 1201 Hays Street
Tallahassee, Florida 32301
(City) (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.

Corporation Service Company
By: [Signature]
(Registered agent's signature)

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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:

☐ Manager Name: Chad Keller

☐ Member Address: 2415 Cascade Pointe Blvd.

☐ Authorized Charlotte, NC 28208

Person _____

☒ Other Vice President & Treasurer ☐ Other _____

☐ Manager Name: Keith Cunningham

☐ Member Address: 2415 Cascade Pointe Blvd.

☐ Authorized Charlotte, NC 28208

Person _____

☒ Other Vice President ☐ Other _____

☐ Manager Name: Youhao Dong

☐ Member Address: 2415 Cascade Pointe Blvd.

☐ Authorized Charlotte, NC 28208

Person _____

☒ Other Vice President & Assistant Secretary ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: Michael Leon

☐ Member Address: 2415 Cascade Pointe Blvd.

☐ Authorized Charlotte, NC 28208

Person _____

☒ Other Vice President ☐ Other _____

☐ Manager Name: Angel Willis

☐ Member Address: 2415 Cascade Pointe Blvd.

☐ Authorized Charlotte, NC 28208

Person _____

☒ Other Vice President & Secretary ☐ Other _____

☐ Manager Name: Dan Ruble

☐ Member Address: 2415 Cascade Pointe Blvd.

☐ Authorized Charlotte, NC 28208

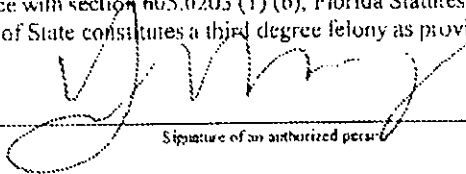
Person _____

☒ Other Asst. Secretary ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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 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

Youhao Dong, Vice President and Assistant Secretary

 Typed or printed name of signer

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

I, Frank LaRose, 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 AUTOMATED PACKAGING SYSTEMS, LLC, an Ohio For Profit Limited Liability Company, Registration Number 317880, was organized within the State of Ohio on February 21, 1963, 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 5th day of November, A.D. 2020.*

Frank LaRose

Ohio Secretary of State

Validation Number: 202031001732

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