

7/29/2021

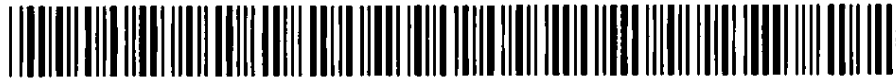
Division of Corporations

Florida Department of State

M2100009800
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000289272 3)))



H210002892723ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address: _____

Foreign Limited Liability Company
VALPAK DIRECT MARKETING SYSTEMS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$793.75

2021 JUL 29 PM 3:02

RECEIVED
FLEXRECEIVED
2021 JUL 29 PM 3:40
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

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. VALPAK DIRECT MARKETING 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. DELAWARE

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

3. 59-2713628

(FEL number, if applicable)

4. DECEMBER 27, 2020

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability.)

5. 1 VALPAK AVE N

(Street Address of Principal Office)

6. 1 VALPAK AVE N

(Mailing Address)

ST PETERSBURG, FL

ST PETERSBURG, FL

33716-4102

33716-4102

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

Name: CT CORPORATION System

Office Address: 1200 SOUTH PINE ISLAND ROAD

PLANTATION, Florida 33324
(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.

Kimberly Laughrey, Asst Sect

Kimberly Laughrey

(Registered agent's signature)

2021 JUN 23 PM 3:02

NOT RECORDED

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>MATTHEW BIASINI</u>	<input type="checkbox"/> Manager	Name: <u>MICHAEL DAVIS</u>
<input type="checkbox"/> Member	Address: <u>1 VALPAK AVE N</u>	<input type="checkbox"/> Member	Address: <u>1 VALPAK AVE N</u>
<input checked="" type="checkbox"/> Authorized	<u>ST PETERSBURG, FL</u>	<input checked="" type="checkbox"/> Authorized	<u>ST PETERSBURG, FL</u>
Person	<u>33716-4102</u>	Person	<u>33716-4102</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>DAWN WALLOCH</u>	 <input type="checkbox"/> Manager	Name: <u>JOHN HOLLAND</u>
	<u>C/O PLATINUM EQUITY ADVISORS, LLC</u>		<u>C/O PLATINUM EQUITY ADVISORS, LLC</u>
<input type="checkbox"/> Member	Address: <u>360 N CRESCENT DR</u>	<input type="checkbox"/> Member	Address: <u>360 N CRESCENT DR</u>
<input checked="" type="checkbox"/> Authorized	<u>SOUTH BLDG</u>	<input checked="" type="checkbox"/> Authorized	<u>SOUTH BLDG</u>
Person	<u>BEVERLY HILLS, CA 90210</u>	Person	<u>BEVERLY HILLS, CA 90210</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>BARBARA VELASCO</u>	 <input type="checkbox"/> Manager	Name: <u>JUSTIN MAROLDI</u>
	<u>C/O PLATINUM EQUITY ADVISORS, LLC</u>		<u>C/O PLATINUM EQUITY ADVISORS, LLC</u>
<input type="checkbox"/> Member	Address: <u>360 N CRESCENT DR</u>	<input type="checkbox"/> Member	Address: <u>360 N CRESCENT DR</u>
<input checked="" type="checkbox"/> Authorized	<u>SOUTH BLDG</u>	<input checked="" type="checkbox"/> Authorized	<u>SOUTH BLDG</u>
Person	<u>BEVERLY HILLS, CA 90210</u>	Person	<u>BEVERLY HILLS, CA 90210</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

Matthew Biasini (Jul 29, 2021 11:57 EDT)

Signature of an authorized person

MATTHEW BIASINI

Typed or printed name of signer

Additional Authorized Persons:

Name: Mary Ann Sigler
Capacity: Authorized Person
Address: c/o Platinum Equity Advisors, LLC
360 N. Crescent Drive, South Bldg
Beverly Hills, CA 90210

Name: Eva Kalawski
Capacity: Authorized Person
Address: c/o Platinum Equity Advisors, LLC
360 N. Crescent Drive, South Bldg
Beverly Hills, CA 90210

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "VALPAK DIRECT MARKETING SYSTEMS, LLC"
IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN
GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF
THIS OFFICE SHOW, AS OF THE SIXTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN
PAID TO DATE.



2097191 8300

SR# 20211638056

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203147303

Date: 05-06-21