

SEP 04-2012 11:52 AM
P 01
Page 1 of 1
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Florida Department of State
Division of Corporations
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From:
Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813) 229-7600
Fax Number : (813) 229-1660

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

Email Address: kaufman@buckleyking.com

FLORIDA PROFIT/NON PROFIT CORPORATION
Joshen Paper & Packaging of Ocala Co.

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H12000218868 3

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

P.02
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DIVISION OF CORPORATIONS

12 SEP -4 AM 11:57

ARTICLE I NAME

The name of the corporation shall be:

Joshen Paper & Packaging of Ocala Co.

ARTICLE II PRINCIPAL OFFICE

Principal street address

6005 S. East 83rd Street

Ocala, FL 34472

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Distribution of paper, packaging and janitorial products.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert H. Reiner, Director

Address: 5808 Grant Avenue
Cuyahoga Heights, OH 44105

Name and Title:

Address:

Name and Title: Michelle F. Reiner, Director

Address: 5808 Grant Avenue
Cuyahoga Heights, OH 44105

Name and Title:

Address:

Name and Title: Tony Pettilo, Director

Address: 5808 Grant Avenue
Cuyahoga Heights, OH 44105

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: CT Corporation System

Address: 1200 S. Pine Island Road
Plantation, FL 33324**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Elliot M. Kaufman, Esq.

Address: 1400 Fifth Third Center, 800 Superior Avenue East
Cleveland, Ohio 44114-2652

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

*Barbara A. Burke*Barbara A. Burke
Special Assistant Secretary

9-4-2012

Required Signature/Registered Agent

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Elliot M. Kaufman

Required Signature/Incorporator

9/4/2012

Date

H12000218868 3