P1700042117

(Requestor's Name)
(Address)
(Address)
(/ tdd1099)
· (City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(2-2
Continue Con
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000298910740

2017 MAY 10 PM 1:41
SECACTARY OF STATE
TAIL AND SSEE, FLORID.

FILED

SECRIVED WE IN

C. GOLDEN MAY 11 2017

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724 850-508-1891 (cell)

Date: 5110/17

Availability _____ Document _____

Examiner _____ Updater _____ Verifier _____ W.P. Verifier _____

Ref# ___

Name:	Jackson	Merger Sub	
Document #:		J	
Order #:	(04)	85042	
Certified Copy of Arts & Amend:			
Plain Copy:			
Certificate of Good			
Standing:			
Apostille/Notarial		Country of Destination:	
Certification:		Number of Certs:	

Thank you!

Amount: \$

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Jacks	on Merger Sub, Inc.				
50B0EC1	(PROPOSED CORPOR	ATE NAME – <u>MUST INCLU</u>	DE SUFFIX)		
``; .	•				
Enclosed are an or	nclosed are an original and one (1) copy of the articles of incorporation and a check for:				
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status		
FROM: _	Nam	ne (Printed or typed)			

NOTE: Please provide the original and one copy of the articles.

Address

City, State & Zip

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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

FILED

ARTICLE I NAME The name of the corpora	Jackson Merger Sub	o, Inç.			2017 MAY 10	PH 1:41
ARTICLE II PRINC	CIPAL OFFICE Principal street address		Ma	ailing address, i	SECRETARY	OF STATE E.FLORIDA
Boston, MA 02199	0,1100123	- ;			· · · · · · · · · · · · · · · · · · ·	
						
ARTICLE III PURPO The purpose for which t	Albe corporation is organized is:	ny lawful busines	S.			· · · · · · · · · · · · · · · · · · ·
·	•		·			
		· 				
. `			,			 -
				<u> </u>		· · · · · · · · · · · · · · · · · · ·
		•				
ARTICLE IV SHAR. The number of shares of			•			
ARTICLE V INITIA	L OFFICERS AND/OR DIRECT Robert Tillis, Director		and Title:	son Tillis, Dir	ector	:
Address	c/o Imperial Bag & Paper Co.	Addre	cl	o Imperial Bag		•
Addiess	255 Route 1 & 9	Addie		55 Route 1 & 9		
	Jersey City, NJ 07306		Je	rsey City, NJ	07306	· ·
Name and Title	Robert Tillis, Chief Executive Of	ficer Name	and Title:	son Tillis, Pre	sident	·
Address	c/o Imperial Bag & Paper Co.	Addre		o Imperial Bag		
	255 Route 1 & 9	·	_	55 Route 1 & 9		
	Jersey City, NJ 07306	· · ·	Je	rsey City, NJ (07306	— . '; — .
Name and Title	Paul Cervino, CFO and Secretary	Name	and Title:			<u> </u>
Address	c/o Imperial Bag & Paper Co.	Addre				
	255 Route 1 & 9	***************************************	,			
	Jersey City, NJ 07306					

Address	•		
		Address:	
•			
			
	, ·		
	EGISTERED AGENT		
The name and Flo	rida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	C T Corporation System		et
Address:	1200 South Pine Island Road	~	2017 H
	Plantation, FL 33324	_	ITHAY ECRETA
		•	7 A A A A A A A A A A A A A A A A A A A
ARTICLE VII II	<u>VCORPORATOR</u>		P.
The name and add	ress of the Incorporator is:		- 10g
Name:	Connie Shen		ēā £
Address:	Ropes & Gray LLP, 800 Boylston Street	.	
	Boston, MA 02199		·
: •			
ARTIÇLE VIII _ E	EFFECTIVE DATE:		
Effective date, if of	her than the date of filing:	. (OPTIONAL)	
(If an effective dat filing.)	te is listed, the date must be specific and cann	ot be more than five days pr	ior or 90 days after the
	nserted in this block does not meet the applicabl	•	