

B17000000296

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (512)418-6949
 Fax Number : (954)208-0845

file 2nd, Please process this registration filing AFTER the Withdrawal/cancellation filing for fax audit# H17000315623 has been completed

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

Email Address: _____

FLORIDA/FOREIGN LP/LLLP
GEORGIA-PACIFIC CONSUMER PRODUCTS LP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$1,000.00

2017 DEC -4 AM 9: 32

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

17 DEC -4 AM 11: 46

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Corporate Filing Menu

Help

S. WARREN

DEC 05 2017

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

1. Georgia-Pacific Consumer Products LP
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Delaware State or Country of Formation
3. 12/1/2017 Date of Formation

4. Federal Employer Identification Number 54-1237819

5. Name of Registered Agent for Service of Process and Florida Street Address:
C T Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

6. 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.

James M. Halpin
Signature of Registered Agent Assistant Secretary

7. Principal Office:
133 Peachtree St NE
Atlanta, GA 30303

8. Mailing Address:
133 Peachtree St NE
Atlanta, GA 30303

9. If limited partnership is a limited liability limited partnership, check box. []

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: GPCon/GP LLC Name of General Partner:
Street Address: 133 Peachtree St NE Street Address:
Atlanta, GA 30303
Mailing Address: 133 Peachtree St NE Mailing Address:
Atlanta, GA 30303
Name of General Partner: Name of General Partner:
Street Address: Street Address:
Mailing Address: Mailing Address:

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STATE OF FLORIDA

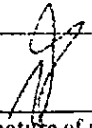
Name of General Partner: _____ Name of General Partner: _____
 Street Address: _____ Street Address: _____

 Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)
 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 1st day of December, 2017



 Signature of a general partner
 Mark D. Berry, Assistant Secretary of General Partner

The individual signing this document affirms that the facts stated herein are true and the individual is aware that 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.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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 SECRETARY OF STATE
 1111 AMSTERDAM AVENUE
 TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GEORGIA-PACIFIC CONSUMER PRODUCTS LP" 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 FIRST DAY OF DECEMBER, A.D. 2017.

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



6641122 8300

SR# 20177340840

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

Handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203668388

Date: 12-01-17