

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

*F140000708*

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.

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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCAG00000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

STATE DEPT OF CORP  
DIVISION OF CORPORATIONS  
14 APR 17 AM 9:51

\*\*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 PROFIT/NONPROFIT CORPORATION  
O-I LATAM HQ, INC.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

RECEIVED  
14 APR 17 AM 9:53  
O-I LATAM HQ, INC.

Electronic Filing Menu Corporate Filing Menu Help

*[Handwritten Signature]*  
*4-18-14*

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** O-I LATAM HQ, Inc.  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Cheryl Stuber

\_\_\_\_\_  
Name of Person

O-I LATAM HQ, Inc.

\_\_\_\_\_  
Firm/Company

One Michael Owens Way, Plaza One

\_\_\_\_\_  
Address

Perrysburg, OH 43551

\_\_\_\_\_  
City/State and Zip code

cheryl.stuber@o-i.com

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

For further information concerning this matter, please call:

Cheryl Stuber

at ( 567 ) 336-1013

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. O-I LATAM HQ, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 27-4401781  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/09/2014 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. One Michael Owens Way, Perrysburg, OH 43551  
(Principal office address)

One Michael Owens Way, Perrysburg, OH 43551  
(Current mailing address)

8. Lease office space in the Miami area and employ individuals living in the Miami area.  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation 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.*

C T Corporation System

By: Kristin Bolden  
Kristin Bolden (Registered agent's signature)  
Assistant Secretary

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

14 APR 17 AM 9:51

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DEPARTMENT OF STATE  
APR 17 2014

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: N/A -See attached for full listing of Director and Officers

Address: \_\_\_\_\_

Vice Chairman: N/A -See attached for full listing of Director and Officers

Address: \_\_\_\_\_

Director: James W. Baehren

Address: One Michael Owens Way

Perrysburg, OH 43551

Director: Paul Arthur Jarrell

Address: One Michael Owens Way

Perrysburg, OH 43551

**B. OFFICERS**

President: Andres A. Lopez

Address: One Michael Owens Way

Perrysburg, OH 43551

Vice President: James W. Baehren

Address: One Michael Owens Way

Perrysburg, OH 43551, Perrysburg, OH 43551

Secretary: Joseph J. O'Hara Jr.

Address: One Michael Owens Way, Perrysburg, OH 43551

Treasurer: Juan Amezcua

Address: One Michael Owens Way, Perrysburg, OH 43551

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. *Scott W. Oedris*

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she 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.

14. Scott W. Oedris, Assistant Secretary

(Typed or printed name and capacity of person signing application)

Report Name : Management Structure

Filtered By : --

Exported By : Cheryl Sluber

Exported On : 04/16/2014

Entity Name: O-I LATAM HQ, Inc.

Name	Title	Title Role	Rep. Plan
Baehron, James W.	Director	Director	04/09/2014
Jarral, Paul Arthur	Director	Director	04/09/2014
Lopez, Andres Alberto	President	Officer	04/09/2014
Baehron, James W.	Vice President & Assistant Secretary	Officer	04/09/2014
Bramlage, Stephen P. Jr.	Vice President & Assistant Treasurer	Officer	04/09/2014
O'Hara, Joseph J. Jr.	Secretary	Officer	04/09/2014
Flannagan, Julie A.	Assistant Secretary	Officer	04/09/2014
Cedra, Scott	Assistant Secretary	Officer	04/09/2014
Mourier, John E.	Assistant Secretary	Officer	04/09/2014
Reynolds, John W. III	Assistant Secretary	Officer	04/09/2014
Smith, Susan L.	Assistant Secretary	Officer	04/09/2014
Wilkinson, MaryBeth	Assistant Secretary	Officer	04/09/2014
Amezquita, Juan	Treasurer	Officer	04/09/2014

# Delaware

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*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "O-I LATAM HQ, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF APRIL, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

4918737 8300

140480748

You may verify this certificate online  
at [corp.delaware.gov/authvoz.shtml](http://corp.delaware.gov/authvoz.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 1298680

DATE: 04-16-14