

5596000007955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

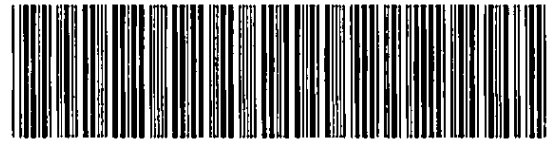
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

SEP 18 2017

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Menasha Packaging Company, LLC**  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Vicki Van Vleet  
Name of Person

Menasha Corporation  
Firm/Company

1645 Bergstrom Road  
Address

Neenah, WI 54956  
City/State and Zip Code

vicki.vanvleet@menasha.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vicki Van Vleet at ( 920 ) 751-1343  
Name of Contact Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$125.00 Filing Fee     \$130.00 Filing Fee & Certificate of Status     \$155.00 Filing Fee & Certified Copy     \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. Menasha Packaging Company, 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.," "LLC.")

2. Wisconsin 3. 39-2040050
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 7/1/2017
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1645 Bergstrom Road
Neenah, WI 54956
(Street Address of Principal Office)

6. 1645 Bergstrom Road
Neenah, WI 54956
(Mailing Address)

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

Name: C T Corporation System
Office Address: 1200 S. Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

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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.

[Signature]
(Registered agent's signature)

8 The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

See Attached

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)

[Signature]
Signature of an authorized person

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.

Paul G. Paprocki
Typed or printed name of signee

**Menasha Packaging Company, LLC**

Michael K. Waite  
President  
1645 Bergstrom Road  
Neenah, WI 54956

Gail A. Constancio  
Vice President  
1645 Bergstrom Road  
Neenah, WI 54956

Mark P. Fogarty  
Vice President/Secretary  
1645 Bergstrom Road  
Neenah, WI 54956

Steven J. Gozdziwski  
Vice President/Assistant Treasurer  
1645 Bergstrom Road  
Neenah, WI 54956

Thomas M. Rettler  
Vice President  
1645 Bergstrom Road  
Neenah, WI 54956

Michael D. Riegsecker  
Vice President  
1645 Bergstrom Road  
Neenah, WI 54956

Jeffrey L. Krepline  
Vice President  
1645 Bergstrom Road  
Neenah, WI 54956

Rick R. Calhoon  
Vice President  
1645 Bergstrom Road  
Neenah, WI 54956

Lea Ann Hammen  
Treasurer  
1645 Bergstrom Road  
Neenah, WI 54956

Paul G. Paprocki  
Assistant Treasurer  
1645 Bergstrom Road  
Neenah, WI 54956

Patrick M. Blaney  
Assistant Secretary  
1645 Bergstrom Road  
Neenah, WI 54956

FOR APASSSEE FLORIDA

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United States of America  
State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



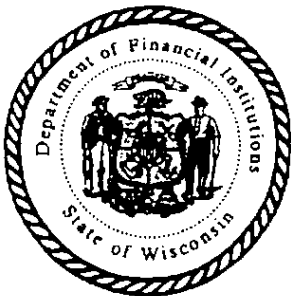
To All to Whom These Presents Shall Come, Greeting:

I, Mary Ann McCoshen, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

**MENASHA PACKAGING COMPANY, LLC**

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is October 17, 2001.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on September 07, 2017.

A handwritten signature in cursive script that reads "Mary Ann McCoshen".

MARY ANN MCCOSHEN, Administrator  
Division of Corporate and Consumer Services  
Department of Financial Institutions

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DFI/Corp/33

**To validate the authenticity of this certificate**

Visit this web address: <http://www.wdfi.org/apps/ccs/verify/>

Enter this code: 206475-C09684CF