

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

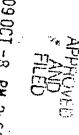
Office Use Only



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SECRETATY OF STATE PLORIDA



iAH

COVER LETTER

TO:	New Filing Section Division of Corporations						
SUBJ	ECT:			iners of the - must include suffix	Northeast, Inc_		
Dear S	ir or Madam:						
"Certif	icate of Existence		f Good Stand	ling"and check are sub	nct Business in Florida," mitted to register the above		
Please	return all correspo	ndence concerning	g this matter	to the following:			
		M. Cristina	a Moreno	1			
			Name of I	Person			
 		Murai Wald	Biondo Firm/Com	& NMoreno, P.	Α.		
		1200 Ponce	•	•			
			Addre	SS			
		Coral Gable	es, FL 3 City/State an				
¥ 		cmoreno@mwb E-mail address:	om . com (to be used fo	or future annual report	notification)		
For fur	ther information c	oncerning this mat	ter, please ca	all:			
	Cari Gayol Name of Person	a	t (<u>305</u> Area C) <u>444-0101</u> ode & Daytime Teleph			
	STREET/COUR New Filing Secti Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	orations Center Circle		MAILING A New Filing So Division of C P.O. Box 632 Tallahassee, I	ection orporations 7		
Enclose	ed is a check for th	ne following amou	nt:				
\$70	.00 Filing Fee [\$78.75 Filing Certificate of		\$78.75 Filing Fee & Certified Cop	\$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.

· · · · · · · · · · · · · · · · · · ·	American Containers of the Northwest, Inc.	· · · · · · · · · · · · · · · · · · ·
(Enter name of c	corporation; must include "INCORPORATED," "COMPANY," "CORPORTED," "Inc," "Co," or "Corp.")	ORATION,"
(If name unavail	lable in Florida, enter alternate corporate name adopted for the purpose of	transacting business in Florida)
2	5 7 3	
(State or country	of Delaware 3. 20-8917375 (FEI numb	per, if applicable)
	ry 14, 2007 5. Perpetual	
		Il cease to exist or "perpetual")
6.		ation) Perpetual) 69
0.	(Date first transacted business in Florida, if prior to registra (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine pena	ation) AHE
7. <u>2711 Ce</u>	enterville Road, Suite 400, Wilmington, (Principal office address)	Delaware High R
9300 NW	W 110th Ave., Miami, FL 33178	
	(Current mailing address)	Su . 9.
	be organized in Flori	ida.
8. <u>To engage</u> (Purpose(s	 in any lawful act or activity for whice s) of corporation authorized in home state or country to be carried out in state 	ch corporations may tate of Florida)
9. Name and stree	et address of Florida registered agent: (P.O. Box NOT acceptable)	
Name:	Murai Wald Biondo & Moreno, P.A.	
Office Address:	1200 Ponce de Leon Blvd.	
	Coral Gables , Florida 3313 (City) (Zip cod	34
	(City) (Zip cod	e)
Having been nam designated in this further agree to co and I am familiar	gent's acceptance: ned as registered agent and to accept service of process for the abo s application, I hereby accept the appointment as registered agent o comply with the provisions of all statutes relative to the proper and r with and accept the obligations of my position as registered agent	and agree to act in this capacity. I complete performance of my duties
	(Rogistered agent's signature)	

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.



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

09 OCT -8 PM 3: 05

12. Indition and outsitions addresses of officers and/or directors:	09001 0 117 0 0
A. DIRECTORS	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Chairman:	IALLAMAGOLL, COME
Address:	·
	<u> </u>
Vice Chairman:	
Address:	
Director: Fausto G. Diaz	
Address: 9300 NW 110 Avenue, MiMI, FL 33178	
Director:	
Address:	
B. OFFICERS	
President:Doug_Ellis	
Address:9300 NW 110th Ave., Miami, FL 33178	<u> </u>
Vice President: Fausto G. Diaz	
Address:9300 NW 110th Ave., Miami, FL 33178	
Secretary: Rosa M. Diaz	
4.55	
3300 NW FOLD Ave., Miami, FL 33178	
Treasurer:	
Address:9300 NW 110th Ave., Miami, FL 33178	
NOTE: If necessary, you may attach an addendum to the application listing additional of	officers and/or directors.
13. \frac{1}{4}	
(Signature of Director or Officer listed in number 12 of the application)	ation)
14. FaUSTO G. Diaz, Director and Vice Preside (Typed or printed name and capacity of person signing application)	nt on)



Delaware

The First State

09 OCT -8 PM 3: 06"

PAGE 1

SECRETARY OF STATE TALLAHASSEE, FLORIDATE

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ALL AMERICAN CONTAINERS OF THE
NORTHEAST, 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 SIXTH DAY OF OCTOBER, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALL AMERICAN CONTAINERS OF THE NORTHEAST, INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF FEBRUARY, A.D. 2007.

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

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

4301589 8300

090914962

AUTHENTY CATION: 7569164

DATE: 10-06-09

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