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(Requestor's Name)
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(Business Entity Name)
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SECRETARY OF STATE TALLAHASSEE FLORIDA

MRD/18

### **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: Atlantic Corporation of Wilmington, 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:
Henry Boon
Name of Person
Atlantic Corporation of Wilmington, Inc.
Firm/Company
806 North 23rd Street
Address
Wilmington, NC 28405
City/State and Zip code
henryb@atlanticpkg.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Henry Boon at ( 910 ) 343-0624
Henry Boon at (910) 343-0624  Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Clifton Building Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Tallahassee, FL 32301
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, 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.

	•	e adopted for the purpose of transacting busines	s in Fiorida)
2. North Caroli	na 3. under the law of which it is incorporated)	56-0797402 (FEI number, if applicable)	<del></del>
•	. ,	•	
4. <u>1/2/1964</u>	g of incorporation) 5.	Perpetual (Duration: Year corp. will cease to exist or "	
(Dai	e of incorporation)	(Duration: Tear corp. will cease to exist of	bethernur )
6		in Florida, If prior to registration) 502, P.S., to determine penalty liability)	· · · · · · · · · · · · · · · · · · ·
7, 806 North	23rd Street, Wilmington, NC 2	28405	
	(Principal office add	iress)	:
806 North	23rd Street, Wilmington, NC		<u> </u>
	(Current mailing add	dress)	
	distribution of industrial pack		EG.
(Purpose(	s) of corporation authorized in home state or co	ountry to be carried out in state of Florida)	影巧
). Name and street	<u>et address</u> of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)	SA 2
Name:	CT Corporation System		7 3
Office Address:	1200 South Pine Island Road	<del></del>	T 15 PM 3: 29
	Plantation .	- Florida 33324	5
	(City)	(Zip code)	
Having been nam lesignated in this	(City)  gent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointn		this capacity. I

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.

(Registered agent's signature)

12. N	lames and	business	addresses	of	officers	and/or	directors:
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### FILE CO.

A.	Di	RE	CT	O	RS

10 OCT 15 PH 3: 29

Chairman	70 de 175 PH 3: 29
Address:	SECRETARY OF STATE TALLAHASSEE FLORIDA
Address.	TORIDA
Vice Chairman:	
Address:	
Director: Russell M. Carter	
Address: 806 North 23rd Street	
Wilmington, NC 28405	
Director: Susan S. Carter	
Address: 806 North 23rd Street	
Wilmington, NC 28405	
B. OFFICERS	
President: Russell M. Carter	
Address: 806 North 23rd Street	
Wilmington, NC 28405	
Vice President: Henry G. Boon	
Address: 806 North 23rd Street	
Wilmington, NC 28405	
Secretary: Roger D. Teague	
Address: 806 North 23rd Street, Wilmington, NC 28405	
Treasurer: Susan S. Carter	
Address: 806 North 23rd Street, Wilmington, NC 28405	
NOTE: If necessary, you may attach an addendum to the application li	sting additional officers and/or directors.
13.	
Signature of Director or Off The officer or director signing this document (and who is listed in number are true and that he or she is aware that false information submitted in a	per 12 above) affirms that the facts stated herein

14. Henry G. Boon, Vice President

third degree felony as provided for in s.817.155, F.S.



## NORTH CAROLINA Department of The Secretary of State

#### CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereb certify that

#### ATLANTIC CORPORATION OF WILMINGTON INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 2nd day of January, 1964, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 11th day of October, 2010.

Elaine I. Marshall

Secretary of State