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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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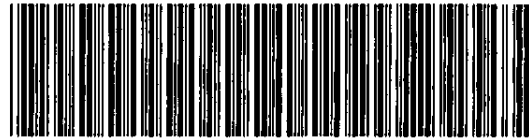
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/7/12

12/5/12

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: COPPACK OVERSEAS 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:

DAVID GOLDIS

Name of Person

CG ACCOUNTING CORP.

Firm/Company

3113 STIRLING ROAD, SUITE 102

Address

FT LAUDERDALE, FL 33312

City/State and Zip code

DAVID@CG-ACCOUNTING.COM

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

For further information concerning this matter, please call:

DAVID GOLDIS

Name of Person

at 954 964.9220

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

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**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. **COPPACK OVERSEAS 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. **BRITISH VIRGIN ISLANDS** 3. **52-2221358**

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

4. **11/30/1998**

(Date of incorporation)

5. **PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

6. **12/1/12**

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

7. **3113 STIRLING ROAD, SUITE 102, FT LAUDERDALE, FL 33312**

(Principal office address)

3113 STIRLING ROAD, SUITE 102, FT LAUDERDALE, FL 33312

(Current mailing address)

8. **SELL REAL ESTATE**

(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:

HELMUT LEINS

Office Address:

3113 STIRLING ROAD, SUITE 102


FT LAUDERDALE

(City)

, Florida **33312**
(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.



(Registered 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.

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

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A. DIRECTORS

Chairman: HELMUT LEINS 12 DEC -6 PM 12:41
Address: 3113 STIRLING ROAD, SUITE 102, FT LAUDERDALE, FL 33312

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: HELMUT LEINS
Address: 3113 STIRLING ROAD, SUITE 102, FT LAUDERDALE, FL 33312

Vice President: _____

Address: _____

Secretary: _____

Address: 3113 STIRLING ROAD, SUITE 102, FT LAUDERDALE, FL 33312

Treasurer: HELMUT LEINS

Address: 3113 STIRLING ROAD, SUITE 102, FT LAUDERDALE, FL 33312

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

13. _____

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.817.55, F.S.

14. HELMUT LEINS 

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

**TERRITORY OF THE BRITISH VIRGIN ISLANDS
BVI BUSINESS COMPANIES ACT, 2004**

**CERTIFICATE OF GOOD STANDING
(SECTION 235)**

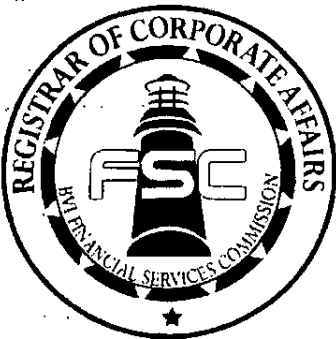
The REGISTRAR OF CORPORATE AFFAIRS, of the British Virgin Islands HEREBY CERTIFIES
that, pursuant to the BVI Business Companies Act, 2004,

COPPACK OVERSEAS INC.

BVI COMPANY NUMBER: 292543

1. Is on the Register of Companies;
2. Has paid all fees, annual fees and penalties that are due and payable;
3. Has not filed articles of merger or consolidation that have not become effective;
4. Has not filed articles of arrangement that have not yet become effective;
5. Is not in voluntary liquidation; and
6. Proceedings to strike the name of the company off the Register of Companies have not been instituted.

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REGISTRAR OF CORPORATE AFFAIRS

19th day of November, 2012