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COVER LETTER

TO: Registration Section Division of Corporations			
MAPPI AMERICA, INC.			
SUBJECT: Name of c	corporation -	must include suffix	<u></u>
Dear Sir or Madam:			
The enclosed "Application by Foreign Corpor "Certificate of Existence," or "Certificate of above referenced foreign corporation to trans	Good Standi	ng" and check are submitted to registe	
Please return all correspondence concerning DAVID B. ASHCRAFT	this matter to	the following:	
	Name of Pe	T*************************************	
WYATT EARLY HARRIS WHEELER LLP	Name of re	15011	- J
	Firm/Compa	nny	
POST OFFICE DRAWER 2086			: (an .
	• Address	•	
HIGH POINT, NORTH CAROLINA 27261-208	36		P
C	City/State and	Zip code	*
dashcraft@wehwlaw.com			الم الله
E-mail address: (1	o be used for	future annual report notification)	
For further information concerning this matt	er, please cal	l:	
DAVID B. ASHCRAFT 336 884-		884-4444)	
Name of Person	Area Code	Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amount \$ 570.00 Filing Fee	ee & 🗆 :	\$78.75 Filing Fee & \$87.50 Fil Certified Copy Certificat	ing Fee, e of Status &
Commode of C		Certified	

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.

MAPPI AMER 1				
	corporation; must include "INCORPORATED." "Corp." "Inc," "Co." or "Corp.")	OMPANY," "CORPORATION,"	•	
(If name unavail	able in Florida, enter alternate corporate name adop	ted for the purpose of transacting	business in Florida)	
NORTH CARO	DLINA 47-	7-1795692		
(State or count SEPTEMBER	ry under the law of which it is incorporated) 10, 2014 5.	(FEI number, if applicable)		
(Date	5 5	(Date of duration, if other than perpetual)		
5	(Date first transacted business in Flo		A	
1912 EASTCHE	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502, STER DRIVE, SUITE 106F, HIGH POINT, NC 27	F.S., to determine penalty liability	r)	
1912 EASTCHE 7	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502, STER DRIVE, SUITE 106F, HIGH POINT, NC 27	F.S., to determine penalty liability 265 ffice address)	· (7)	
1912 EASTCHE 7. SAME	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502, STER DRIVE, SUITE 106F, HIGH POINT, NC 27 (Principal o	F.S., to determine penalty liability 265 ffice address) Idress, if different)	den de la companya de	
SAME Name:	(Date first transacted business in Florida (SEE SECTIONS 607.1501 & 607.1502, STER DRIVE, SUITE 106F, HIGH POINT, NC 22 (Principal of Current mailing act address of Florida registered agent: (P.O. B	F.S., to determine penalty liability 265 ffice address) Idress, if different)	TO AUG	
1912 EASTCHE SAME 8. Name and stre	(Date first transacted business in Florida registered agent: (P.O. B	F.S., to determine penalty liability 265 ffice address) dress, if different) ox NOT acceptable)	16 AUG 21	

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.

*See_	attached	Registered	Agent	Consent	Form
		(Regist	tered agen	t's signature)	

10. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: _____ Address: ___ ANNUNZIATA (NANCY) MAMMARO 1912 EASTCHESTER DRIVE, SUITE 106F HIGH POINT, NC 27265 Address: **B. OFFICERS** ANNUNZIATA (NANCY) MAMMARO President: 1912 EASTCHESTER DRIVE, SUITE 106F Address: HIGH POINT, NC 27265 Vice President: ______ Address: _ ERMANNO PETTITI Secretary: 1912 EASTCHESTER DRIVE, SUITE 106F, HIGH POINT, NC 27265 ANNUNZIATA (NANCY) MAMMARO 1912 EASTCHESTER DRIVE, SUITE 106F HIGH POINT, NC 27265 NOTE: If necessary, you may attach an addendary to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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.

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 08/17/2015

ENTITY NAME: MAPPI America, Inc.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Sharon Cooke, Assistant Secretary

Sharon Corre

Paracorp Incorporated



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 hereby certify that

MAPPI AMERICA, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 10th day of September, 2014, 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.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 21st day of August, 2015.

Elaine I Marshall

Secretary of State

Certification# 97436608-1 Reference# 12715091-ACH Page: 1 of 1 Verify this certificate online at www.secretary.state.nc.us/verification