F160000013

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |

Office Use Only



100282942871

03/07/16--01035--003 **87.50

2016 HAR 18



MAR 2 4 2016 J. HARRIS

COVER LETTER

| TO: | | | | | | | |
|----------------|----------------------------------|--|--|----------------|-----------|---|--|
| CHDI | ECT. | DeWitt Pa | ickaging, Inc. | | | | |
| SUDJ | EC1: | | Name | of corporati | on - m | ust include suffix | |
| Dear S | Sir or M | adam: | | | | | |
| "Certi | ficate o | f Existenc | e," or "Certifica | te of Good S | tandin | g" and check are submi | Business in Florida," tted to register the |
| | | • | ondence concer | ning this ma | tter to 1 | he following: | |
| | | registration Section Division of Corporations DeWitt Packaging, Inc. TT: Name of corporation - must include suffix or Madam: Dosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," atte of Existence," or "Certificate of Good Standing" and check are submitted to register the Perenced foreign corporation to transact business in Florida. Turn all correspondence concerning this matter to the following: Division CPA PC Firm/Company Address Address Address Address City/State and Zip code Pyrobinsoncpa.com E-mail address: (to be used for future annual report notification) er information concerning this matter, please call: Robinson Area Code TTO Area Code Address MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32314 Tallahassee, FL 32314 Tallahassee, FL 32314 Tallahassee, FL 32315 Tallahassee, FL 32314 Tallahassee, FL 3250 Filing Fee, Certificate of Status Certificate Of Status Certificate Of Status Tallahassee, Certificate of Status C | | | | | |
| Cory L | Robin | son CPA Po | C | | | | |
| | | ., | | Firm/C | ompan | у | |
| 2098 7 | Teron Tr | ace, Suite 2 | 000 | | | | |
| | | | | Ad | dress | | |
| Dacula | a, GA 30 | 0019 | | | | | |
| | | | | City/Stat | e and Z | Cip code | |
| cory@ | coryrob | insoncpa.co | | | | | |
| | | | E-mail addre | ss: (to be use | d for f | uture annual report not | ification) |
| For fu | rther in | formation | concerning this | matter, pleas | se call: | | |
| Cory l | Robin | son | | | | 614-4014 | |
| | Nam | e of Perso | n | | ode . | Daytime Telepho | ne Number |
| | Regis Divis Clifto 2661 | stration Section of Cor on Building Executive | ction porations g Center Circle | SS: | | Registration Sec Division of Corp P.O. Box 6327 | tion porations |
| Enclos | sed is a | check for | the following ar | nount: | | | |
| 57 \$70 | 0.00 Fil | ing Fee | | | | - | _ |



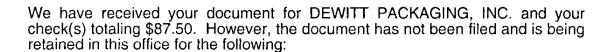
FLORIDA DEPARTMENT OF STATE Division of Corporations

March 8, 2016

CORY L ROBINSON CORY L ROBINSON CPA PC 2098 TERON TRACE, SUITE 200 DACULA, GA 30017

SUBJECT: DEWITT PACKAGING, INC.

Ref. Number: W16000017393



A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 216A00004810

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.

| Georgia (State or country under 1/28/2006 (Date of incor 7/1/2016 219 Dumaine Avenue, P | ŕ | 56-2551170 (FEI number, if a | applicable) | | | |
|--|---|------------------------------|---|--|--|--|
| (State or country under to 1/28/2006 (Date of incor 7/1/2016) | he law of which it is incorporated) 5. poration) | (FEI number, if a | | | | |
| 7/1/2016 1219 Dumaine Avenue, P | | (Date of duration, if other | | | | |
| 7/1/2016 1219 Dumaine Avenue, P | | | (Date of duration, if other than perpetual) | | | |
| 1219 Dumaine Avenue. P | · · · · · · · · · · · · · · · · · · · | | | | | |
| | | pal office address) | | | | |
| | (Current maili | ing address, if different) | | | | |
| | s of Florida registered agent: (P.Ges E. DeWitt | O. Box NOT acceptable) | | | | |
| Fina Addreson | Dumaine Avenue | | | | | |
| TV - 1 Washington | | , Florida 32129 (Zip code) | STATE - | | | |
| | (City) | (Zip code) | 'D | | | |

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 Charles E. DeWitt Chairman: 1219 Dumaine Avenue, Port Orange, FL 32129 Address: Vice Chairman: Address: Director: Address: **B. OFFICERS** Charles E. DeWitt President: 1219 Dumaine Avenue, Port Orange, FL 32129 Marilyn J.. DeWitt Vice President: _ 8 1219 Dumaine Avenue, Port Orange, FL 32129 Address: _ Charles E. DeWitt Secretary: 1219 Dumaine Avenue, Port Orange, FL 32129 Address: Charles E. DeWitt Treasurer: 1219 Dumaine Avenue, Port Orange, FL 32129 Address: NOTE: If necessary, you may attach an addendum 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.

Charles E.DeWitt

Control Number: 0606520

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

DEWITT PACKAGING, INC.

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number
Date Inc/Auth/Filed
Jurisdiction
Print Date
Form Number

: 12929556 : 01/17/2006 : Georgia : 03/14/2016 : 211



Brian P. Kemp Secretary of State