

F17000002322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

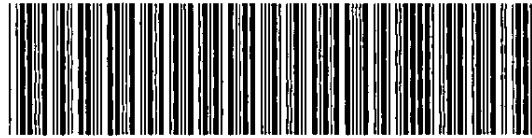
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200299531462

FILED
17 MAY 22 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2017 MAY 22 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 23 2017

Y SULKER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 652615 5105054

AUTHORIZATION :

COST LIMIT :

[Signature]
\$ 70.00 *[Signature]*

ORDER DATE : May 22, 2017

ORDER TIME : 12:54 PM

ORDER NO. : 652615-005

CUSTOMER NO: 5105054

FOREIGN FILINGS

NAME: TEKNI-PLEX, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT#

EXAMINER: _____

**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.*

TEKNI-PLEX, INC.

1. _____
(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)
DELAWARE

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
03/15/1994 PERPETUAL
4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

N/A

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
460 E. SWEDES FORD ROAD, STE 3000, WAYNE, PA 19087

7. _____
(Principal office address)
SAME

(Current mailing address, if different)

RECEIVED
MAY 22 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

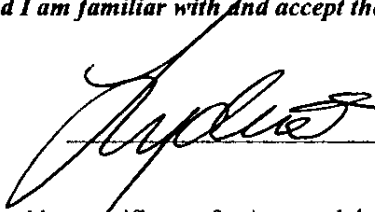
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
CORPORATION SERVICE COMPANY

Name: _____
1201 HAYS STREET

Office Address: _____
TALLAHASSEE 32301
_____, Florida _____
(City) (Zip code)

9. 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)

Lydia Cohen
Asst. Vice President

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

PAUL J. YOUNG

Chairman: _____
460 E. SWEDES FORD ROAD, STE 3000
Address: _____
WAYNE, PA 19087

MARK LOVETT

Vice Chairman: _____
460 E. SWEDES FORD ROAD, STE 3000
Address: _____
WAYNE, PA 19087

DAVID HORING

Director: _____
460 E. SWEDES FORD ROAD, STE 3000
Address: _____
WAYNE, PA 19087

Director: _____

Address: _____

B. OFFICERS

PAUL YOUNG

President: _____
460 E. SWEDES FORD ROAD, STE 3000
Address: _____
WAYNE, PA 19087

GLENN FISH

Vice President: _____
460 E. SWEDES FORD ROAD, STE 3000
Address: _____
WAYNE, PA 19087

DAVID WAKSMAN

Secretary: _____
460 E. SWEDES FORD ROAD, STE 3000, WAYNE, PA 19087

Address: _____
ARTHUR RICHARDS

Treasurer: _____
460 E. SWEDES FORD ROAD, STE 3000, WAYNE, PA 19087

Address: _____

FILED
17 MAY 22 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

12.  _____

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.

DAVID WAKSMAN, SVP, CHIEF LEGAL OFFICER & SECRETARY

13. _____

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

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TEKNI-PLEX, 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 TWENTY-SECOND DAY OF MAY, A.D. 2017.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TEKNI-PLEX, INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF MARCH, A.D. 1994.

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



2383965 8300

SR# 20173815629

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202577170

Date: 05-22-17