# F17000003412

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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1. HARRIS

# COVER LETTER

TO:	Registration Sec Division of Cor		2	
CHDI	ECT:	ommercial,	Kua Com Da	NIA
SOIM	<u> </u>	Name of corporation	on - must include suffix	
Dear S	Sir or Madam:			)
"Certi	ficate of Existenc	ion by Foreign Corporation foe," or "Certificate of Good Start corporation to transact busi	anding" and check are sub	
Please	return all corresp	ondence concerning this mat	ter to the following:	
	Kata	Nichols		
			of Person	
/	ommer	Cial Bun (	ami Jana	
		F/rm/Co	ompany	
	1 M	er Chare		
		Add	dress	
,	Normal	1L	61761	
		City/State	and Zip code	
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		E-mail address: (to be use	a for future armual report	notification)
For fu	rther information	concerning this matter, pleas	e call:	
K	Name of Perso	hol at 30 Area Co	9 StD - 01 Daytime Telep	
	STREET/COU Registration Se	FRIER ADDRESS:	MAILING A Registration S	
	Division of Cor		Division of C	orporations
	Clifton Building 2661 Executive		P.O. Box 632 Tallahassee, I	
	Tallahassee, FL		T KHAMASEOT T	13 323 ( )
Enclo	sed is a check for	the following amount:		
<b>S</b> \$7	0.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee. Certificate of Status & Certified Copy



## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 13, 2017

KATY NICHOLS 1 PAPER CHASE NORMAL, IL 61761

SUBJECT: COMMERCIAL BAG COMPANY

Ref. Number: W17000058118

2017 JUL 31 PM 4: 21

We have received your document for COMMERCIAL BAG COMPANY and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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: 017A00014223

2017 JAL 31 配金 88 INA OF STATE

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607, 1503, FLORIDA STATUS REGISTER A FOREIGN CORPORATION TO TRANSACT BUSIN	
$\mathcal{A}$ , $\mathcal{A}$ $\mathcal{A}$ $\mathcal{A}$	
1. (Enter name of corporation; must include "INJORPORATED," "COR	PANY " "CORPORATION."
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
$\beta$	
Commercial tackgains	
(If name unavailable in Florida, enter alternate corporate name adopted	for the purpose of transacting business in Florida)
2. /	. 37-111:4804
(State or country under the law of which it is incorporated)	(FEI number, if applicable)
4. 3/4/1984s.	
(Date of incorporation)	(Date of duration, if other than perpetual)
6.	
(Date first transacted business in Floric	la, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S	
1. I taper (hase Norme	21 1L 6/76/
(Principal office	e address)
(Current mailing addr	ess, if different)
8. Name and street address of Florida registered agent: (P.O. Box	NOT acceptable)
Name: Registered Agent Solut	
Office Address: 155 Other Hazer Dr. Su	ute A
Tallahassee,	Florida 30301 59 = 1
(City)	(Zip code) 型池 N
Registered agent's acceptance:	<del>-</del>
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 a	s registered agent and agree to act in this capacity. I
further agree to comply with the provisions of all statutes relative duties, and I am familiar with and accept the obligations of my p	e to the proper and complete performance of my position as registered agent.
and accept the opinguions/f) my p	comen as regioner an about
Od \M	Adam Saldana Acat Saa
/Man Del	Adam Saldana, Asst. Sec.
Registered agent'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: Janetle Egbers			
Address: 1 Ha Det Chase			
Chairman: Janethe Egbers  Address: I Paper (hase  Normal IL 41741	<del></del> -		
Vice Chairman;			
Address:		<u>-</u>	
Director: Gary Shultz			
Director: Gary Shultz Address: Same		<del></del>	
		<del></del>	
Director: Kaven Ames			_
Address: Same			
B. OFFICERS			
President: Janette Eghers, CFO			
President: Janetle Egbers, CFO Address: Same			
		<u> </u>	
Vice President: <u>aavon Eghers</u> , <u>COO</u>		===	**************************************
Address: Same	<u> </u>	<u> </u>	61,515 11
	<u> </u>	<u>-</u>	1 1
Secretary:		_ <u>∓</u> _	1 strane
Address:		: 21	
Treasurer: Swath, Kakarala			
Address: Same			
NOTE: If necessary, you may attach an addendum to the application listing additional officers and	l/or direc	tors.	
12. Signature of Director or Officer			
The officer or director signing this document (and who is listed in number 11 above) affirms that tr			
are true and that he or she is aware that false information submitted in a document to the Department a third degree felony as provided for in s.817.155\$.	nt of State	e const	itutes
a third degree felony as provided for in s.817.1550.S.  (Typed or printed name and capacity of person signing application)			
(Typed or printed name and capacity of person signing application)			

#### File Number

5354-961-6



### To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

COMMERCIAL BAG COMPANY, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 06, 1984, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



### In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 18TH day of JULY A.D. 2017 .

Authentication #: 1719901754 verifiable until 07/18/2018
Authenticate at: http://www.cyberdriveillinois.com

se white

SECRETARY OF STATE