Division of Corner

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Ψo:

Division of Corporations

Fax Number : (350)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Phone : (954)208-0845 Fax Number

**Enter the email address for this business entity to be used for future annual report marlings. Enter only one email address please, **

FOREIGN PROFIT/NONPROFIT CORPORATION CENVEO WORLDWIDE LIMITED

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Help

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.

(If name mayait	shle in Elorida, enter alternate cornorate re		adopted for the purpose of transacting business in Florida)	
	and in Francia, once anomate corporate in			
Delaware	y under the law of which it is incorporated		83-1681581 (FEI number, if applicable)	
•	y under the law of which it is incorporated		•	
4. 08/22/2018	of incorporation)	5.	(Date of duration, if other than perpetual)	
			(Tate of Albanon, 11 const day, perpension)	
6. Upon Qualificat	ion		n Florida, if prior to registration)	
	(SEE SECTIONS 607.1501 & 6	07.1	502, F.S., to determine penalty liability)	
7, 200 First Stamfor	d Place, Stamford, CT 06902			
	(Pr	rinci	pal office address)	
same				
	(Current r	naili	ng address, if different)	
8. Name and <u>stre</u> Name:	et address of Florida registered agent:	(P.	O. Box NOT acceptable) SECRETARY OF STATE , Florida 33324 (Zip code)	T
Office Address:	1200 South Pine Island Road			TT
.			Single 33324	
	Plantation (City)		, Florida 33324 From (Zip code)	
	\-\ \(\frac{1}{2}\)		THE S	`
Having been nan designated in this further agree to c	annlication. I hereby accept the app	oini ites	vice of process for the above stated corporation at the tment as registered agent and agree to act in this cape relative to the proper and complete performance of n of my position as registered agent.	icily. I
Having been nan designated in this further agree to c	ned as registered agent and to accept is application, I hereby accept the app comply with the provisions of all statu	oini ites	tment as registered agent and agree to act in this caps relative to the proper and complete performance of n	icily. I
Having been nan designated in this further agree to c	sed as registered agent and to accept application, I hereby accept the application of all status familiar with and accept the obligation of the composition of the control	oins ites ins	tment as registered agent and agree to act in this caps relative to the proper and complete performance of n	icily. I

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 SEE ATTACHMENT
Chairman:
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS SEE ATTACHMENT
President:
Address:
<u>~</u>
Vice President:
Address:
Secretary: Inn Scheinmann
Address: 200 First Stamford Place, Stamford, CT 06902
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12. In R. Scheimann. 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.
13. Ian Schemmann, Secretary (Typed or printed name and capacity of person signing application)
(1 ypen or printed name and capacity of person signing appreciation)

Attachment to Florida Officers & Directors

1 Full Name: Robert G. Burton Jr. Officer/Director: Officer, Director

Officer's Title: CEO
Director's Title: Director

Business Address: 200 First Stamford Place

City: Stamford State: CT ZIP Code: 06902

2 Fuil Name: James V. Continenza

Officer/Director: Director

Officer's Title:

Director's Title: Director

Business Address: 200 First Stamford Place

City: Stamford State: CT ZIP Code: 06902

3 Full Name: Matthew James Espe

Officer/Director: Director

Officer's Title:

Director's Title: Director

Business Address: 200 First Stamford Place

City: Stamford State: CT ZIP Code: 06902

4 Full Name: Thomas W. Oliva

Officer/Director: Director

Officer's Title:

Director's Title: Director

Business Address: 200 First Stamford Place

City: Stamford

State: CT ZIP Code: 06902

5 Full Name: Frank S. Sklarsky

Officer/Director: Director

Officer's Title:

Director's Title: Director

Business Address: 200 First Stamford Place

City: Stamford State: CT ZIP Code: 06902





Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CENVEO WORLDWIDE LIMITED" 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 FOURTEENTH DAY OF SEPTEMBER, A.D.

2018.

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

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