

F18000005074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

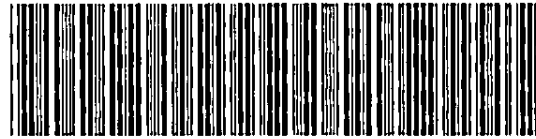
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600320113346

10/29/18--01028--009 **70.00

18 OCT 29 PM 5:00

[Handwritten signature]



BROOKE SPIEGEL
303.628.3623 (direct)
bspiegel@irelandstapleton.com

October 26, 2018

SENT VIA FEDERAL EXPRESS

Florida Department of State
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

***Re: Foreign Qualification documents - Flair Flexible Packaging Corporation
(USA)***

Dear Sir or Madam:

Enclosed are the following documents for the qualification of Flair Flexible Packaging Corporation (USA) to do business in the State of Florida:

1. Cover Letter
2. Application by Foreign Corporation for Authorization to Transact Business in Florida
3. Check for \$70.00 for the filing fee
4. Certificate of Good Standing issued by the State of Wisconsin

Please process this application and send a file-stamped copy with letter of acknowledgment to me. Please feel free to contact me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Brooke Spiegel".

Brooke Spiegel
Paralegal

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Flair Flexible Packaging Corporation (USA)
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Brooke Spiegel

Name of Person

Ireland Stapleton Pryor & Pascoe, PC

Firm/Company

717 17th Street, Suite 2800

Address

Denver, CO 80202

City/State and Zip code

bspiegel@irelandstapleton.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brooke Spiegel

at (303) 623-2700

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:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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.*

1. Flair Flexible Packaging Corporation (USA)
(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)

2. Wisconsin 3. 26-2692288
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 5, 2008 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2605 S. Lakeland Dr., Appleton, WI 54915-4193
(Principal office address)

(Current mailing address, if different)

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

Name: Business Filings Incorporated

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

Business Filings Incorporated

By: Mika BGM, Asst. Sec. Business Filings Incorporated
(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.

18 OCT 20 PM 5:00

A. DIRECTORS

Appleton, WI 54915-4193

RIDER-ADDITIONAL DIRECTOR

Hanil Lee
2605 S. Lakeland Drive
Appleton, WI 54915

18 OCT 20 PM 5:10

United States of America
State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, Mary Ann McCoshen, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

FLAIR FLEXIBLE PACKAGING CORPORATION (USA)

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is May 05, 2008.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on October 12, 2018.

A handwritten signature in cursive script, reading "Mary Ann McCoshen".

MARY ANN MCCOSHEN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions



DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: <http://www.wdfi.org/apps/ccs/verify/>

Enter this code: **229401-63DAAE9A**