

Incorporating Services, Ltd.

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Tallahassee, FL 32301
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ORDER FORM

TO Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

FILED
2019 OCT 28 PM 4:44
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

REQUEST DATE 10/28/2019

PRIORITY Routine

OUR REF # (Order ID#) 778734

ORDER ENTITY

FLINT GROUP PACKAGING INKS NORTH AMERICA CORPORATION

PLEASE PERFORM THE FOLLOWING SERVICES:

FLINT GROUP PACKAGING INKS NORTH AMERICA CORPORATION (FL)

File the attached foreign qualification document

NOTES:

\$70.00 Authorized

Email address for annual report reminders: jeff@alliancecorpsolutions.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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.

Flint Group Packaging Inks North America Corporation

1. _____
 (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

2. _____ 3. _____
 (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Texas 38-3426405
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. _____ 5. _____
 (Date of incorporation) (Date of duration, if other than perpetual)
 8/29/2018

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

7. _____
 17177 N. Laurel Park Drive, Suite 300, Livonia, MI 48152
 (Principal office address)

_____ (Current mailing address, if different)

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

Name: Corporation Service Company

 1201 Hays Street
 Office Address: _____
 Tallahassee, Florida 32301-2525
 _____ (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.

Corporation Service Company
 By: Tracy Manganelli Tracy Manganelli
 (Registered agent's signature) Assistant VP

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.

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 FLORIDA
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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Michael Mosley ✓
17177 N. Laurel Park Drive, Suite 300, Livonia, MI 48152
Address: _____

Vice Chairman: _____
Address: _____

Director: Peter M. Schreck ✓
17177 N. Laurel Park Drive, Suite 300, Livonia, MI 48152
Address: _____

Director: Anila Ruseti ✓
17177 N. Laurel Park Drive, Suite 300, Livonia, MI 48152
Address: _____

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B. OFFICERS

President: Michael Mosley ✓
17177 N. Laurel Park Drive, Suite 300, Livonia, MI 48152
Address: _____

Vice President: _____
Address: _____

Secretary: Peter M. Schreck ✓
17177 N. Laurel Park Drive, Suite 300, Livonia, MI 48152
Address: _____

Treasurer: Anila Ruseti ✓
17177 N. Laurel Park Drive, Suite 300, Livonia, MI 48152
Address: _____

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.

13. Peter M. Schreck, Secretary
(Typed or printed name and capacity of person signing application)

Corporations Section
P.O. Box 13697
Austin, Texas 78711-3697



Ruth R. Hughs
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Conversion for Flint Group Packaging Inks North America Corporation (file number 803105708), a Domestic For-Profit Corporation, was filed in this office on August 29, 2018.

It is further certified that the entity status in Texas is in existence.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 10, 2019.



A handwritten signature in black ink, appearing to read "Ruth R. Hughs".

Ruth R. Hughs
Secretary of State