F1900005629

| (F | Requestor's Name) | | | |
|---|-------------------------|--|--|--|
| (A | Address) | | | |
| (/ | Address) | | | |
| (0 | Dity/State/Zip/Phone #) | | | |
| PICK-UP | WAIT MAIL | | | |
| (Ē | Business Entity Name) | | | |
| | Document Number) | | | |
| Certified Copies | Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
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T GLASS
DEC 2 0 2019

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

| DATE 12/19/2019 | | **WALK IN* |
|---------------------|--|------------|
| ENTITY NAME AHLS | STROM-MUNKSJO USA INC | |
| | | |
| DOCUMENT NUMBER | R | |
| | **PLEASE FILE THE ATTACHED AND RETURN** | |
| xxxx | Plain Copy | 201 |
| | Certified Copy | 2019 C. |
| | Certificate of Status | 19 |
| | **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** | /:: 12: 51 |
| | Certified Copy of Arts & Amendments | |
| | Certificate of Good Standing | |
| | Cert. Copy of Restated Arts & Amends if available. If not provide Cert. Copy of Arts & | Amends. |
| | **APOSTILLE' / NOTARIAL CERTIFICATION** | |
| COUNTRY OF DESTIN | VATION | <u></u> |
| NUMBER OF CERTIFIC | CATES REQUESTED | |
| TOTAL OWED 70 | снеск # ⁷⁰⁹⁸ | _ |
| Please call Tina at | the above number for any issues or concerns. Thank you so | much! |

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.

| (Enter name of c | | | |
|-------------------|--|---|-----------------|
| "Inc.," "Go.," "C | orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.") | "COMPANY," "CORPORATION," | |
| (If name unavail | able in Florida, enter alternaté corporate name a | dopted for the purpose of transacting business in | r Florida) |
| Delaware 2: | : | 13-3509370 | |
| February 9: 198 | 3. y under the law of which it is incorporated) | • | |
| (Date | 5. g of incorporation) | (Date of duration, if other than perpetu | al) |
| 6. upon fil | ing | | |
| Two-Elm Street, | (Date-first transacted business in (SEE SECTIONS 607.1501 & 607.150) Windsor Locks, CT 06096 | | |
| <i>l</i> | (Principa | al office address) | |
| · | | | |
| | (Current mailing | g address, if different) | |
| 8. Name and stre | et address of Florida registered agent: (P:O. | . Box NOT acceptable) | 5613 |
| Name: | United Corporate Services, Inc. | | □; |
| | 9200 South Dadeland Blvd., Stc. 508 | | 9 |
| Office Address: | | | |
| Office Address: | Miami | 33,1-56 Plorida | - 1 |
| Office Address: | Miami (City) | , Florida | ;:: I2: |
| | Miami (City) ent's acceptance: | , Florida (Zip.code) | <i>[</i> 12: 51 |

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. DIR | ECTORS | |
|--------------------------|---|------------------------------|
| Chairman | Sakari Ahdekivi | |
| Address: | c/o Ahlstrom-Munksjo USA Inc. | |
| | Two Elm Street, Windsor Locks, CT 06096 | |
| Vice Chai | rman: | |
| Address: | | |
| - Dia | Willy Bordignon | |
| Director: | c/o Ahlstrom-Munksjo USA Inc. | |
| Address: | Two Elm Street, Windsor Locks, CT 06096 | |
| Director: | Donna Decoteau | |
| Address: | c/o Ahlstrom-Munksjo USA Inc. | |
| | Two Elm Street, Windsor Locks, CT 06096 | |
| B. OFF | ICERS | |
| President: | Gary Blevińs: | |
| Address: | ć/o Ahlstrom-Munksjo USA Inc. | 20 |
| · | Two Elm.Street, Windsor Löcks, CT-06096 | <u></u> |
| Vice Presi | ident: | |
| Address: | | |
| | | <u> </u> |
| Secretary: | | 27 |
| Address: | c/o Ahlstrom-Munksjo USA Inc., Two Elm Street, Windsor Locks, CT 06096 | |
| Treasurer: | | |
| Address: | c/o Ahlstrom-Munksjo USA Inc., Two Eln: Street, Windsor Locks, CT 06096 | |
| NOTE: . | If necessary, you may attach an addendum to the application listing additional officers and/or direc | tors. |
| are true a a third de | Signature of Director or Officer or or director signing this document (and who is listed in number 11 above) affirms that the facts sland that he or she is aware that false information submitted in a document to the Department of Stategree felony as provided for in \$.817.155, F.S. had Decoted - Director | ated herein e constitutes |
| 13 | (Typed or printed name and capacity of person signing application) | |



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

DELAWARE, DO HEREBY CERTIFY "AHLSTROM-MUNKSJO USA 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 NINETEENTH DAY OF DECEMBER, A.D.

2019.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AHLSTROM-MUNKSJO USA INC." WAS INCORPORATED ON THE NINTH DAY OF FEBRUARY, A.D. 1989.

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

eat corp delaware gov/aut

Authentication: 204263102

Date: 12-19-19