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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Epple Printing links In-	c.			
	Name of corporation	on - must include suffix		· · · · · · · · · · · · · · · · · · ·
Dear Sir or Madam:				
The enclosed "Application by Fore "Certificate of Existence," or "Cert above referenced foreign corporation	tificate of Good Sta	anding" and check are sub		
Please return all correspondence co	oncerning this matte	er to the following:		
Paul Pillat				
<u>.                                    </u>	Name o	f Person		
Transnational Ventures				
	Firm/Co	mpany		
PO Box 192				
	Λdd	iress		
Ephraim, W1 54211-0192				
<del></del>	City/State	and Zip code		
mcamp@transnationalventures.com				~ <u>`</u>
E-mail a	iddress: (to be used	for future annual report	notification)	. i.
For further information concerning	this matter, please	call:		20
Paul Pillat	770 at (	231-2355		,
Name of Person	Area Co	de Daytime Telep	ohone Number	- ب
				? ?2
Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Su Tallahassee, FL 32303		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 27	
<u> </u>	IĎA DEPARTMEN	TT OF STATE  \$78.75 Filing Fee & Certified Copy	□ \$87.50 Filin Certificate o Certified Co	of Status &

## 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. Epple Printing I				
	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting busines	s in Florida)	
Delaware 2.	2	27-1097836		
	y under the law of which it is incorporated)	(FEI number, if applicable)		
4. 8/31/2009	5.			
	of incorporation)	(Date of duration, if other than perpetual)		
5. <u>8/1/2020</u>				
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
_ 4057 Las Brisas F	Place, Elkton, FL 32033	502, F.S., to determine penanty habitity)		
/		ice street address)		
210 W North Ave	e Fmt, Lombard, IL 60148-1205			
	(Current maili	ng address, if different)	F~:	
<ol><li>Name and street</li></ol>	et address of Florida registered agent: (P.0	D. Box NOT acceptable)		
Name:	Northwest Registered Agent LLC		N	
Office Address:	7901 4th St N, STE 300			
	St. Petersburg	, Florida <sup>33702</sup>	•	
	(City)	(Zip code)	1	

## 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.



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.

A. DIRECTORS	•				
□Chairman	Name:	□Chairman	Name: Stefan Schulling		
□Vice Chairman	Address: 210 W North Ave Frnt	□Vice Chairman	Address: Gutenbergstr 5		
□Director	Lombard, IL 60148-1205	□Director	86356 Neusaess, Germany		
■ President		□President			
□Vice President		□Vice President			
□ Secretary	☐ Treasurer	<b>■</b> Secretary		■ Treasurer	
□Other	□Other	□Other		Other	
□Chairman	Paul Pillat	□Chairman	Name:		
	PO Box 192 Address:	□Vice Chairman			
Director	Ephraim, WI 54211-0192	□Director			
□President		□President			
□Vice President		□ Vice President		<del></del>	
□Secretary	□Treasurer	☐ Secretary		□Treasurer	
Other Asst Trea	asurer	□Other	<del></del>	Other	
				7	
☐ Chairman	Name:	□Chairman	Name:	<u> </u>	
□Vice Chairman	Address:	□Vice Chairman	Address:	<del>-</del>	
Director		☐ Director		<u></u>	
□President		□President			
□Vice President		□Vice President			
□Secretary	□Treasurer	☐ Secretary		□Treasurer	
□Other	Other	□Other		□Other	
individuals may be	Use an attachment to report more than six (6). The eadded to the index when filing your Exercida Depart	tenent of State Annual Re	d for reporting	purposes only. Non-indexed	
<b></b>	Signature of Direct				
	ector signing this document (and who is listed in nuralse information submitted in a document to the De	partment of State constitu	tes a third deg		
13	FAUL K. PILLA	T, AST. TREASU	RUR.		

Delaware

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Page 1

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

DELAWARE, DO HEREBY CERTIFY "EPPLE PRINTING INKS 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 FOURTEENTH DAY OF OCTOBER, A.D.

2020.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EPPLE PRINTING INKS INC." WAS INCORPORATED ON THE THIRTY-FIRST DAY OF AUGUST, A.D. 2009.

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

1776 20 I

Authentication: 203858794

Date: 10-14-20

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