F2000005384

| (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: |
| |
| 06540 |
| W20000125078 |

Office Use Only



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10/23/20--01012--029 **70.00

12/04/20--01904--001 ++130.00

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COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------------------------------------------------|-------------|
| SUBJECT: Accent Packaging, Inc. | | | |
| | ame of corporation - | must include suffix | |
| Dear Sir or Madam: | | | |
| The enclosed "Application by Foreig "Certificate of Existence," or "Certificate of Existence," or certificate of the second foreign corporation above referenced foreign corporation." | ficate of Good Standi | athorization to Transact Business in Floridang" and check are submitted to register the in Florida. | ι," |
| Please return all correspondence cor | ncerning this matter to | the following: | |
| Denise Tait | | | |
| ···· | Name of Pe | rson | |
| Accent Packaging, Inc. | | | |
| | Firm/Compa | any | |
| 10131 FM 2920 | | | |
| | Address | ; | |
| Tomball, TX 77375 | | | |
| | City/State and | l Zip code | |
| dtait@accentwire.com | | | |
| E-mail a | ddress: (to be used for | future annual report notification) | |
| For further information concerning | this matter, please cal | 1: | E Targe |
| Denise Tait | at (²⁸¹ | 255-0717 | |
| Name of Person | Area Code | Daytime Telephone Number | زي |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | |
| | DA DEPARTMENT | DF STATE \$78.75 Filing Fee & S87.50 Filing Certified Copy Certificate of Certified Cop | 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.

| Accent Wire-Tie | ble in Florida, enter alternate corporate name ado | nted for the purpose of transacting business | in Florida) | |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--|
| Texas | | | | |
| | under the law of which it is incorporated) | 76-0200715 (FEI number, if applicable) | | |
| | | • | | |
| (Date | of incorporation) 5 | (Date of duration, if other than perpe | tual) | |
| 10/18/2019 | , | · | | |
| | (Date first transacted business in FI | orida, if prior to registration) | | |
| | (SEE SECTIONS 607.1501 & 607.1502 | F.S., to determine penalty liability) | | |
| 10121 234 2020 7 | Formball TX 77375 | | | |
| 10131 FM 2920, I | | | | |
| 10131 FM 2920, 1 | (Principal office | street address) | | |
| 10131 FM 2920, 1 | (Principal office | | | |
| 10131 FM 2920, | (Principal office | street address) ddress, if different) | | |
| | (Principal office (Current mailing a | ddress, if different) | | |
| | (Principal office (Current mailing a | ddress, if different) | | |
| | (Principal office (Current mailing a | ddress, if different) | | |
| . Name and <u>stree</u> Name: | (Principal office (Current mailing a care address) of Florida registered agent: (P.O. E David Welhelmy | ddress, if different) Box NOT acceptable) | | |
| . Name and <u>stree</u> Name: | (Principal office (Current mailing a care address) of Florida registered agent: (P.O. E David Welhelmy | ddress, if different) Box NOT acceptable) | | |
| . Name and <u>stree</u> Name: | (Principal office (Current mailing a care address) of Florida registered agent: (P.O. E David Welhelmy | ddress, if different) Box NOT acceptable) | | |
| . Name and <u>stree</u> Name: Office Address: | (Principal office (Current mailing a st address of Florida registered agent: (P.O. E David Wethelmy 105 Bouganvilla Dr Ponte Vedra Beach (City) | ddress, if different) | | |
| Name and stree Name: Office Address: | (Principal office (Current mailing a (Current mailing a taddress of Florida registered agent: (P.O. E David Welhelmy 105 Bouganvilla Dr Ponte Vedra Beach (City) ent's acceptance: | ddress, if different) Box NOT acceptable) , Florida 32082 (Zip code) of process for the above stated corpora | ation at the p | |
| Name and stree Name: Office Address: Registered agestaving been name to this | (Principal office (Current mailing a (Current mailing a taddress of Florida registered agent: (P.O. E David Welhelmy 105 Bouganvilla Dr Ponte Vedra Beach (City) ent's acceptance: and as registered agent and to accept service to application. I hereby accept the appointment | ddress, if different) Box NOT acceptable) , Florida \frac{32082}{(Zip code)} of process for the above stated corporate as registered agent and agree to act | in this capac | |
| Name and stree Name: Office Address: Registered agoldaving been namelesignated in this | (Current mailing a Current mai | ddress, if different) Box NOT acceptable) , Florida 32082, Florida (Zip code) of process for the above stated corporate as registered agent and agree to act ative to the proper and complete performance. | in this capac | |
| Name and stree Name: Office Address: Registered agrifusing been namilesignated in this | (Principal office (Current mailing a (Current mailing a taddress of Florida registered agent: (P.O. E David Welhelmy 105 Bouganvilla Dr Ponte Vedra Beach (City) ent's acceptance: and as registered agent and to accept service to application. I hereby accept the appointment | ddress, if different) Box NOT acceptable) , Florida 32082, Florida (Zip code) of process for the above stated corporate as registered agent and agree to act ative to the proper and complete performance. | in this capac | |
| Name and stree Name: Office Address: Registered age Having been name designated in this further agree to c | (Current mailing a Current mai | ddress, if different) Box NOT acceptable) , Florida \frac{32082}{(Zip code)} of process for the above stated corpornt as registered agent and agree to act tive to the proper and complete perforion as registered agent. | in this capac | |

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to aix (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

| A. DIRECTORS | | | | | |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------|------------------------------------------------------------|--------|
| □ Chairman | Name: William P. Sims | □ Chairman | Name: | | |
| □ Vice Chairman | Address: 10131 FM 2920 | □Vice Chairman | Address: | ······ | |
| □ Director | Tombali, TX. 77375 | Director | | | |
| □President | | □ President | | | |
| □Vice President | | □Vice President | | | |
| Secretary | ☐ Treasurer | ☐ Secretary | | ☐ Treasurer | |
| CEO; Sec | Other | Other | | □Other | |
| ☐ Chairman | Name: | □Chairman | Name: | | _ |
| □Vice Chairman | 10131 FM 2920 Address: | □Vice Chairman | | | |
| Director | Tomball, TX. 77375 | □Director | | | |
| □President | | □President | | | |
| □Vice President | *** | □Vice President | | | |
| Secretary | □Treasurer | Secretary | | □Treasurer | |
| Other COO | Other | Other | | □Other | |
| □ Chairman | James J. Carkeek | □ Chairman | Name: | | |
| □Vice Chairman | 10131 FM 2920 Address: | □ Vice Chairman | | | |
| □Director | Tomball, TX. 77375 | Director | 11001000. | | |
| ☐ President | | □President | | | |
| ■Vice President | | □Vice President | | 5%.0 | |
| Secretary | Treasurer | Secretary | | □Treasurer | |
| □Other | | □Other | | Other | |
| <u></u> | | | | | |
| Important Notice; individuals may b | Use an attachment to report more than six (6). The c added to the index when filing your Florida Depar | attachment will be image runent of State Annual R | ed for reporting cport form. | 3.1 | ed |
| 12. | B ferres | | | | |
| The officer or dire she is aware that is s.817.155, F.S. | Signature of Direct signing this document (and who is listed in nuralise information submitted in a document to the De | mber 11 above) affirms t | hat the facts statutes a third degi | ted herein are true and that ree felony as provided for | t he c |

13. William P. Sims, Chief Executive Officer; Secretary



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for ACCENT PACKAGING, INC. (file number 101277400), a Domestic For-Profit Corporation, was filed in this office on October 02, 1986.

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

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 22, 2020.



Ruth R. Hughs Secretary of State

Phone: (512) 463-5555 Prepared by: SOS-WEB Come visit us on the internet at https://www.sos.texas.gov/ Fax: (512) 463-5709 TID: 10264

Dial: 7-1-1 for Relay Services Document: 1003256900003



October 28, 2020

DENISE TAIT 10131 FM 2920 TOMBALL, TX 77375 US

SUBJECT: ACCENT PACKING, INC.

Ref. Number: W20000125078

We have received your document for ACCENT PACKING, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$150.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 120A00021507

Sharon D Franklin Regulatory Specialist II