# FAA000001357

(Requestor's Name)					
(Address)					
ess)					
State/Zip/Phon	e #)				
MAIT	MAIL				
(Business Entity Name)					
(Document Number)					
Certificate	s of Status				
Special Instructions to Filing Officer:					
	ess)  State/Zip/Phon  WAIT  ness Entity Narr  ument Number)  Certificates				

Office Use Only



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2022 FEB 17 AM 11: 09
SECRETARY OF STATE
VALUASSEE, FLORIE

# COVER LETTER

<b>TO:</b> Registration Section Division of Corporations					
SUBJECT: NEWPAGE SOLUT	TONS INC.				
SCIMBOTT	Name of corporation	- must include sulfix			
Dear Sir or Mudam:					
The enclosed "Application by For "Certificate of Existence," or "Ce above referenced foreign corporat	rtificate of Good Stand	ling" and check are submit			
Please return all correspondence c	concerning this matter t	to the following:			
Linda G. Coleman					
	Name of P	erson			
	Firm/Comp	o;inv			
15764 Adams Ridge	·	•			
	Addres	is			
Los Gatos, CA 95033					
	City/State an	d Zip code			
lge/a possibility.com					
E-mail	address: (to be used fo	or future annual report noti	fication)		
For further information concerning	g this matter, please ca	II:			
Linda G. Coleman	at (408 ) 353-5883  n Area Code Daytime Telephone Number				
Name of Person	Area Code	Daytime Telephor	ne Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Sect Division of Corp P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahussee, FL 32314		
	RIDA DEPARTMENT (		□ \$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 IN SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

L. NEWPAGE SO	LUTIONS INC.				
	orporation; must include "INCORPORAT o(p." "Inc." "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION."		_
(If name unavail	able in Florida, enter alternate corporate na	me	adopted for the purpose of transacting busin	ess in Florida)	_
2. DELAWARE		3.	46-0796426		
(State or countr	y under the law of which it is incorporated	J	(FFI number, if applicable)		_
4. AUGUST 15, 2	012	5.			
(Date	(Date of incorporation)		(Date of duration, if other than perpetual)		
6.					
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)		<del>-</del>
7. 601 Brickell Key	Drive, Suite 700, Miami, FL 33131			- 2 <u>2</u>	
500 Westover Dr	#500, Sanford, NC 27330-8941		ce <u>street</u> address)	22 FEB	
•	(Current m.	ailir	g address, if different)	NSSE ASSE	:
8 Name and <u>stree</u>	a address of Florida registered agent: (	P.(	). Box <u>NOT</u> acceptable)	AM II: 09 CH STATE EE, FLORIO	
Name:	InCorp Services, Inc.			: 09	
Office Address:	17888 67th Court North			י <b>ק</b> ר	
	Loxahatchec		, Florida_FL 33470		
	(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.

Jackie DeFilippis on behalf of InCorp Services, Inc.

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.

### DocuSign Envelope ID: 4B38AA12-9CAE-49F6-A17F-7E9C2708C044

A. DIRECTORS				
□Chairman	Name: Arshad Hussain	□Chairman	Name:	
□Vice Chairman	Address: 601 Brickell Key Drive, Suite 700	□Vice Chairman	Address:	
□Director	Miami, FL 33131	□Director		
President		□President		
□Vice President		□Vice President		
□Secretary	☐ Treasurer	□Secretary		☐ Freusurer
□Other	Other	□Other	<del></del>	☐Other
□Chairman	Name:	□Chairman	Name:	
.⊒Vice Chairman	Address:	TiVice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	□Secretary		□Treasurer
□!Other		□Other		□Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director		□Director		<u></u>
□President		□President		
□Vice President		□Vice President		
(I)Secretary	T. Treasurer	□Secretary		□Treasurer
□Other	Other	□Other	····	□Other
	Use an attachment to report more than six (6). The attachment to r	nent of State Annual Re	eport form.	purposes only, Non-indexed

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 \$.817.155, F.S.



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

DELAWARE, DO HEREBY CERTIFY THAT "NEWPAGE SOLUTIONS INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN

CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW

AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE FIFTEENTH DAY OF AUGUST, A.D. 2012, AT 12:15 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE CORPORATION IN

QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING MADE ANY

CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

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

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

e at coro delaware gov/aut

Authentication: 202374244

Date: 01-11-22