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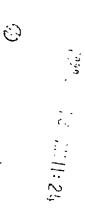
(R	equestor's Name)	
(Ad	ddress)	
(A)	ddress)	
,		
(Ĉi	ty/State/Zip/Phone #)	
	<u> </u>	—
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
·	•	
(0)	ocument Number)	
-୧೮ Copies	Certificates of	Status
	0#:	
-: al Instructions to Fili	ng Officer:	
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

. . .

ACCOUNT NO. : 12000000195				
REFERENCE : 350355 8357702				
AUTHORIZATION: MILLERA				
COST LIMIT : \$ (70.00	_			
ORDER DATE : January 12, 2023	- 1			
ORDER TIME : 9:08 AM	7			
ORDER NO. : 350355-005	1.1			
CUSTOMER NO: 8357702				
FOREIGN_FILINGS				
NAME: NATIONAL PLASTICS AND SEALS, INC.				
XXXX QUALIFICATION (TYPE: CO)				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING				
CONTACT PERSON: Eyliena Baker EXT#				

EXAMINER:

COVER LETTER

_	ion of Corporations			
SUBJECT:	National Plastics And Seals, In	nc.		
	Name o	f corporation	- must include suffix	
Dear Sir or M	ladam:			
"Certificate o	"Application by Foreign Corf Existence," or "Certificate of ced foreign corporation to tra	of Good Stan	Authorization to Transact Business in Florida." ding" and check are submitted to register the ss in Florida.	
Please return	all correspondence concernin	g this matter	to the following:	
David Meltz				
		Name of	Person	
National Plasti	cs And Seals, Inc.		$\mathcal{X}^{\mathcal{L}}$	
		Firm/Com	pany	
1015 E State P	kwy. Ste 100			
		Addre	SS	
Schaumburg, L	llinois 60173-4581			
		City/State ar	nd Zip code (.	
compliancemai	l@eseglobal.com			
	E-mail address:	(to be used f	or future annual report notification)	
For further inf	ormation concerning this ma	tter, please c	all:	
David Meltz	а	847 t (4381900	
Name	of Person	Area Code	Daytime Telephone Number	
Regist Divisi The C	ET/COURIER ADDRESS: tration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	theck for the following amounts by payable to: FLORIDA DEFing Fee	PARTMENT Fee &	OF STATE \$78.75 Filing Fee & S87.50 Filing Fee. Certified Copy 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 IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

National P	lastics And Seals, Inc.		
(Enter nam "Inc.," "Co	e of corporation; must include "INCORPORATEI .," "Corp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"	<u> </u>
(If name ur	available in Florida, enter alternate corporate nam	ne adopted for the purpose of transacting business in Flo	riđa)
Illinois		_	
(State or c	ountry under the law of which it is incorporated)	(FEI number, if applicable)	
4. 08/16/198:	;		ر <i>—</i> ع
··	(Date of incorporation)	(Date of duration, if other than perpetual)	- 27
6. December			۲.,
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
7. 1015 E Stat	e Pkwy,Ste 100, Schaumburg, IL 60173-4581		
		ffice <u>street</u> address)	
			1
' <u>'</u>	(Current mail	ling address, if different)	
3. Name and	street address of Florida registered agent: (P.	O. Box NOT acceptable)	
Nam	e: Corporation Service Company		
Office Addres	1201 Hays Street		
Jinee Addre.			
	(City)	, Florida 32301 (Zip code)	
		(Sip code)	
	l agent's acceptance:		
taving been lesignated in	namea as registerea agent and to accept serv this application, I hereby accept the appoint	vice of process for the above stated corporation at tment as registered agent and agree to act in this o	the place canacity. I
further agree	to comply with the provisions of all statutes iliar with and accept the obligations of my p	relative to the proper and complete performance	of my dutie
	Corporation Service Company	Lima Baher Assistant Vice President	
	By:	Assistant Vice President	
	(Registered agent's	signature)	

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: JOHN E SHEDD	
□Vice Chairman	Address: 1015 E. STATE PARKWAY	□Vice Chairman	Address:	5 E. STATE PARKWAY
□Director	Suite 100	□Director	Suite 100	
President	SCHAUMBURG IL 60173	□President	SCHAUMBU	JRG IL 60173
□Vice President		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	□Other	☐Other		□Other
□Chairman	Name: David Meltz Name: 1015 E. STATE PARKWAY Address:	☐ Chairman		
_	Suite 100		Address:	
□Director □President	SCHAUMBURG IL 60173	□Director □President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
■Other CFO	Other	Other		□Other
□Chairman	Name:	□Chairman	Name:	<u> </u>
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	□Secretary		☐'Treasurer
□Other	□Other	□Other		□Other
12		ment of State Annual Rep	oort form.	
	tor signing this document (and who is listed in num lse information submitted in a document to the Dep			

13. David J. Meltz, CFO

File Number

5394-413-2



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

NATIONAL PLASTICS AND SEALS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 16, 1985, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 12TH day of JANUARY A.D. 2023.

Authentication #: 2301203464 verifiable until 01/12/2024

Authenticate at: https://www.ilsos.gov

Alexi Siannal SECRETARY OF STATE