

F24000006175

Florida Department of State
Division of Corporations
Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: incometax@mauserpackaging.com

FOREIGN PROFIT/NONPROFIT CORPORATION

Mauser Packaging Solutions Holding Company

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

FILED
2024 DEC -5 PM 4:39
FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

STATE
TAXI
MAUSER

2024 DEC -5 AM 11:00

FILED

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. Mauser Packaging Solutions Holding Company
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 55-0800054
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 09/18/2002 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. Upon Filing
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 375 Northridge Road, Suite 600, Atlanta, GA 30350
(Principal office street address)
- _____
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation FL 33324
(City) (Zip code)

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 SECRETARY OF STATE
 TALLAHASSEE, FL

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.

C T Corporation System



By: SEAN L. EMERICK, ASSISTANT SECRETARY

(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.

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

A. DIRECTORS

☐ Chairman Name: Mark Burgess

☐ Vice Chairman Address: 75 Northridge Rd., Suite 600

☒ Director Atlanta, GA 30350

☒ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other CEO ☐ Other _____

☐ Chairman Name: Nils Stenger

☐ Vice Chairman Address: 75 Northridge Rd., Suite 600

☐ Director Atlanta, GA 30350

☐ President _____

☐ Vice President _____

☐ Secretary ☒ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Aldo Tesi

☐ Vice Chairman Address: 75 Northridge Rd., Suite 600

☐ Director Atlanta, GA 30350

☐ President _____

☒ Vice President _____

☒ Secretary ☐ Treasurer

☒ Other CFO ☒ Other Corporate Controller

☐ Chairman Name: Patty Chidiac

☐ Vice Chairman Address: 75 Northridge Rd., Suite 600

☐ Director Atlanta, GA 30350

☐ President _____

☒ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other Legal and Corporate Affairs and General Counsel ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. Aldo Tesi
Aldo Tesi, Exec Vice President, Chief Financial Officer, Secretary and Corporate Controller

Signature of Director or Officer

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 s.817.155, F.S.

13. Aldo Tesi, Executive Vice President, Chief Financial Officer, Secretary and Corporate Controller

(Typed or printed name and capacity of person signing application)

Mauser Packaging Solutions Holding Company

Officer & Director Information

Principal Office Address: 375 Northridge Road, Suite 600, Atlanta, Georgia 30350

Mark Burgess	Officer	President and Chief Executive Officer
Mark Burgess	Director	Director
Nils Stenger	Officer	Treasurer
Aldo Tesi	Officer	Executive Vice President, Chief Financial Officer, Secretary and Corporate Controller
Patty Chidiac	Officer	Executive Vice President, Legal and Corporate Affairs and General Counsel

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MAUSER PACKAGING SOLUTIONS HOLDING COMPANY" 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 THIRTEENTH DAY OF NOVEMBER, A.D. 2024.

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.



3570314 8300

SR# 20244198025

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204861148

Date: 11-13-24