F9800000606076

-	ation/Tax Lien Section of Corporations	
SUBJECT:	Kisters, Inc.	
	(Name of corporation - must include suffix)	-
Dear Sir or Mad	am: 10002677801- -11/02/980107700	
The enclosed "A "Certificate of E to transact busing	application by Foreign Corporation for Authorization to Transact Business in Florida", existence", and check are submitted to register the above referenced foreign corporation ess in Florida.	# 10
Please return all	correspondence concerning this matter to the following:	
	Mr. John R.S. Brooking, Attorney-at-Law	
	(Name of Person)	
	Adams, Brooking, Stepner, Woltermann & Dusing	
	Adams, Brooking, Stepner, Woltermann & Dusing (Firm/Company) 40 W. Pike Street	
	40 W. Pike Street	
	(Address)	
	Covington, Kentucky 41011 &	
	Covington, Kentucky 41011 City/State/Zip)	
Should you need	d to call someone concerning this matter, please call:	n.
Tohn D	to call someone concerning this matter, please call: S. Brooking at (606) 291-7270	1
	S. Brooking at (606) 291-7270 of Person) (Area Code & Daytime Telephone Number)	_
(1 181110	, (a=a, a a,	
STREET ADD	RESS: MAILING ADDRESS:	
Qualification/Ta		
Division of Cor	·	
409 E. Gaines S Tallahassee, FL	<u> </u>	
Enclosed is a ch	eck for the following amount:	
□ \$70.00 Filin	g Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status 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. Kisters, Inc. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) Kentucky (FEI number, if applicable) (State or country under the law of which it is incorporated) ___ 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual") December 8, 1988 (Date of incorporation) November 2, 1998 (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 7. Florida - 4100 U.S. Highway #1, Edgewater, FL 32141 Kentucky - 1405 Jamike Drive, Suite 8, Erlanger, KY 41018 (Current mailing address) Manufacturing of shrink wrap machines and related products. (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable Name: Peter Welsh Office Address: 4100 U.S. Highway #1 South Edgewater 10. 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

(Registered agent's signature)

11. 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.

with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

the obligations of my position as registered ogent.

A. DIRECTORS	S (Street address only - P.O. Box NOT acceptable)		
Chairman:	Jean Marti		
Address:I	D-47533 Kleve, Germany	,	
	Boschstratse 1-3		
Director	John R.S. Brooking		
Address:	233 Chambers Road		
	Walton, Kentucky 41094		_
Director:	C. Andrew Neagle		 ,
Address:	3044 Belle Meade Lane		
	Edgewood, Kentucky 41017		
Director:	Winfrid Groetschel	,	
Address:	D-47533 Kleve, Germany		
	Boschstratse 1-3	S -	DI V
B. OFFICERS			SICK SICK SICK SICK SICK SICK SICK SICK
President:	C. Andrew Neagle	5	35 <u>7</u>
Address:	3044 Belle Meade Lane	<u> </u>	<u>₩0</u>
		<u>ယ္</u>	STATI
Vice President:	John R.S. Brooking	<u>5</u>	348
Address:	233 Chambers Road	-,-	······································
	Walton, Kentucky 41094	-	
Secretary:	John R.S. Brooking		
Address:	233 Chambers Road		
	Walton, Kentucky 41094	<u> </u>	
Treasurer:	Brent McClellan	,	
Address:	11905 Foxgate Way		
	Loveland, Ohio 45140	- ;	
NOTE: If nece	essary, you may attach an addendum to the application listing additional officers and/or directors.		
13	Gr NSI June		
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)		_
14	John R.S. Brooking, Vice President & Secretary, Kisters (Typed or printed name and capacity of person signing application)	·,]	inc.



John Y. Brown III Secretary of State

Certificate of Existence

I, JOHN Y. BROWN III, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

KISTERS, INC.

is a corporation duly organized and existing under KRS Chapter 271B, whose date of incorporation is December 8, 1988 and whose period of duration is perpetual?

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 29 th day of October, 1998.

JOHN Y. BROWN III

Secretary of State Commonwealth of Kentucky

llawrence/0251780.09

SECRETARY OF STATE