

MI1000002994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

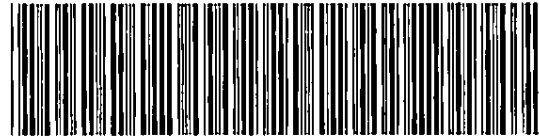
Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE

NOV - 7 2024

Office Use Only



200439215412

FILED
2024 NOV - 6 AM 11:33
TALLAHASSEE, FLORIDA

FILED
2024 NOV - 6 PM 3:14
TALLAHASSEE, FLORIDA

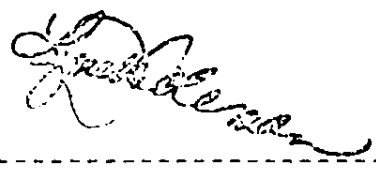
CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE :

AUTHORIZATION :

COST LIMIT : \$ 25.0



ORDER DATE : 11/06/24

ORDER TIME :

ORDER NO. :

CUSTOMER NO:

FOREIGN FILINGS

NAME: WestRock CP, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON:

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WestRock CP, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GAIL R. GREEN

Name of Person

SMURFIT WESTROCK PLC

Firm/Company

1000 ABERNATHY ROAD, NE

Address

ATLANTA, GA 30328

City/State and Zip Code

GAIL.GREEN@SMURFITWESTROCK.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GAIL R GREEN

Name of Person

at (770) 686-9083

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

N/A

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Authorized Signer/Officer Change

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Secretary	Steven B. Nickerson	1000 Abernathy Rd, NE, Atlanta, GA 30328	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
Assistant Secretary	Jane L. Batcheller	1000 Abernathy Rd, NE, Atlanta, GA 30328	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Jane L. Batcheller
Signature of the authorized representative

Jane L. Batcheller, Assistant Secretary

Typed or printed name of signee

WESTROCK CP, LLC
ASSISTANT SECRETARY'S CERTIFICATE

Jane L. Batcheller, being the undersigned, hereby certifies that she is an Assistant Secretary of WestRock CP, LLC, a Delaware corporation (the "Company") and that, as such, she is authorized to execute this certificate on behalf of Company and further certifies as follows:

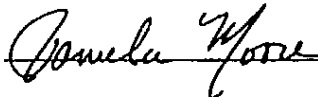
1. The following individual is authorized to act as an agent on behalf of the Company, and as such, she is authorized to execute and sign documents related to the transfer of titles on six (6) trailers, pay the taxes, purchase license plates for the six trailers, and apply for a lost tag for one flatbed trailer. The signature of such person appearing opposite her name below is her genuine signature.

Name

Title

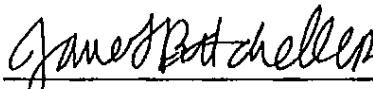
Signature

Pamela Moore Supervisor Office Supply



IN WITNESS WHEREOF, the undersigned has hereunto set her hand as of this 30th

day of October 2024.



Jane L. Batcheller
Assistant Secretary

STATE OF GEORGIA

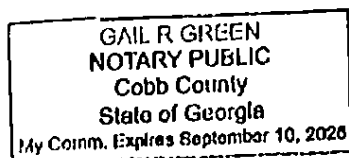
SS: ATLANTA

COUNTY OF FULTON

On this 30th day of October 2024, before me, Gail R. Green, the undersigned notary public, personal appeared Jane L. Batcheller, personally known to me to be the person whose name is subscribed to the attached instrument and acknowledged to me that she executed the same for the purpose therein stated.



Gail R. Green
Notary Public, State of Georgia
My Commissions expires September 10, 2026



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