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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 4, 2016

JOSEPH R. MURACH 1275 POLLOCK PARKWAY MANSFIELD, OH 44905

SUBJECT: SKYBOX PACKAGING, LLC

Ref. Number: W16000068044

We have received your document for SKYBOX PACKAGING, LLC and check(s) totaling \$125.00. However, the enclosed document has not beer and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tanisha L Washington Regulatory Specialist II

Letter Number: 616A00021285

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	Skybox Packaging LLC ECT:		
БОД		Name of Limited Liability (Company
The er Existe	iclosed "Application by Foreign Limited Liance, and check are submitted to register the	bility Company for Authoriza above referenced foreign limit	tion to Transact Business in Florida," Certificate of ted liability company to transact business in Florida
Please	return all correspondence concerning this m	natter to the following:	
	Joseph R. Murach, Controller		
		Name of Person	
	Skybox Packaging, LLC		
		Firm/Company	
	1275 Pollock Parkway		
	· · · · · · · · · · · · · · · · · · ·	Address	
	Mansfield, Ohio 44905		
		City/State and Zip Code	
	jmurach@skyboxpackaging.com		
	E-mail address	: (to be used for future annual	report notification)
For fu	ther information concerning this matter, plea	ase call:	
	Joseph R. Murach, Controller	419 at (525-7209
	Name of Contact Person		Daytime Telephone Number
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclos	ed is a check for the following amount: \$\begin{align*} \begin{align*} al		g Fee & ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

			
Liability Company," "L.L.C,"	ternate name adopted for the purpose of transacting 'or "LLC.")	business in Florida. The alternate nan	ne must include "Limited
2. Ohio	3. 34-19.	58300	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable))
4		·	_
	(Date first transacted business in Florida, if (See sections 605.0904 & 605.0905, F.S. to d	etermine penalty liability)	
5. 1275 Pollock Parkway			_
Mansfield, Ohio 44905			
	(Street Address of Principal Office)	- <u>-</u>
6. 1275 Pollock Parkway			_ 100 3
Mansfield, Ohio 44905			FILED 6 OCT 25 PM
	(Mailing Address)		
7. Name and street address	s of Florida registered agent: (P.O. Box NOT	'acceptable)	F 6
Name:	CT Corporation System	- , ·	3: 06
	1200 South Pine Island Road, Suite 250		達師 の
Office Address:			
		33334	
	Plantation	, Florida	_
Registered agent's accep	(City)	, Florida 33324 (Zip code)	_
Having been named as re designated in this applica to complywith the provisi	(City)	s for the above stated limited liab stered agent and agree to act in th complete performance of my duties	is capacity. I further agree s, and I am familiar with an
Having been named as re designated in this applica to complywith the provisi	(City) tance: gistered agent and to accept service of proces tion, I hereby accept the appointment as regis ons of all statutes relative to the proper and c	s for the above stated limited liab stered agent and agree to act in the complete performance of my duties mature)	is capacity. I further agree s, and I am familiar with an Nunez
Having been named as re designated in this applica to complywith the provisi accept the obligations of	(City) tance: gistered agent and to accept service of proces tion, I hereby accept the appointment as regis ons of all statutes relative to the proper and comy my position as registered agent.	s for the above stated limited liable stered agent and agree to act in the complete performance of my duties Angel (nature)	is capacity. I further agree s, and I am familiar with an
Having been named as re designated in this applica to complywith the provisi accept the obligations of	(City) tance: gistered agent and to accept service of proces tion, I hereby accept the appointment as regis ons of all statutes relative to the proper and comy position as registered agent. (Registered agent's signacity and address of the person(s) who has/have	s for the above stated limited liable stered agent and agree to act in the complete performance of my duties Angel (nature)	is capacity. I further agree s, and I am familiar with an Nunez
Having been named as re designated in this applica to complywith the provisi accept the obligations of a 8. The name, title or capa	(City) tance: gistered agent and to accept service of proces tion, I hereby accept the appointment as regis ons of all statutes relative to the proper and comy position as registered agent. (Registered agent's signacity and address of the person(s) who has/have	s for the above stated limited liable stered agent and agree to act in the complete performance of my duties Angel (nature)	is capacity. I further agree s, and I am familiar with an Nunez
Having been named as redesignated in this applicate to complywith the provisi accept the obligations of a second s	(City) tance: tgistered agent and to accept service of proces tion, I hereby accept the appointment as regis ons of all statutes relative to the proper and comy position as registered agent. (Registered agent's signacity and address of the person(s) who has/have	s for the above stated limited liable stered agent and agree to act in the complete performance of my duties Angel (nature)	is capacity. I further agree s, and I am familiar with an Nunez

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Paul Doyle, Manager for Gran Acquisition, Inc.

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show SKYBOX PACKAGING LLC, an Ohio Limited Liability Company, Registration Number 1232158, was organized within the State of Ohio on May 30, 2001, is currelly in FULL FORCE AND EFFECT upon the records of this office.

5 PM 3: 06



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 16th day of September, A.D. 2016.

Ohio Secretary of State

Ion Hastel

Validation Number: 201626002744