# MIDDOON 43

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MAY 2 2 2017 S. YOUNG SECRETARY OF STATE
FALLARIASSEE: FLORID:

#### **COVER LETTER**

TO:	Registration Section
	Division of Corporations

### Neenah Paper International, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the	following:		
Karen Ward			
,N	ame of Person		
Neenah Paper, Inc.			
F	irm/Company		
3460 Preston Ridge	Road, S	Suite 600	
	Address		_
Alpharetta, GA 3000	05		7
City/S	State and Zip Code		
karen.ward@neenal	n.com		
E-mail address: (to be use		report notification)	
For further information concerning this matter, please call:			
Karen Ward	<sub>at (</sub> 678	518-3243	
Name of Contact Person	Area Code	Daytime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section		STREET ADDRESS: Division of Corporations Registration Section	
P.O. Box 6327		Clifton Building	

#### MAIL

Divisio Registr P.O. B Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

■ \$125.00 Filing Fee

□ \$130.00 Filing Fee & Certificate of Status

☐ \$155.00 Filing Fee & Certified Copy

□ \$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:

me unavailable, enter alternate			
	aire adopted for the purpose of transacting business	n Florida. The alternate name must include "Limited	Liability Company," "L.L.C," or "LLC."
Delaware	hich foreign limited liability company is organized)	3. 20-5572804	
faring and and a faring the law of A	nuch loreign imuted liability company is organized)	(FEI)	number, if applicable)
	(Date first transacted business in Florida, if pri (See sections 605.0904 & 605.0905, F.S. to de	or to registration.) termine penalty liability)	
3460 Preston Ridge		6. 3460 Preston Ridge	Road, Suite 600
(Street Address of Alpharetta, GA 300	•	(Mailing Alpharetta, GA 3000	
inprime otto, or coop		Alpharetta, OA 0000	<u> </u>
·		<del></del>	
Name and street addre	ss of Florida registered agent: (P.O. I	Pay MAT accentable)	•
		30x 1401 acceptable)	
Name:	C T Corporation System		
Office Address:	1200 South Pine Island Road		<b>3</b>
01110011441034			
O thio i tadi oda;	Plantation		=
gistered agent's accepting been named as religiously the second in this application omply with the provis	gistered agent and to accept service tion, I hereby accept the appointme ions of all statutes relative to the pro s of my position as regispered agent.	of process for the above stated limi it as registered agent and agree to per and complete performance of r	ited liability company at the act in this capacity. I further ny duties, and I am familiar
distered agent's accepting been named as regarded in this application of the provision of t	(City) tance: rgistered agent and to accept service tion, I hereby accept the appointment ions of all statutes relative to the pro s of my position as registered agent.	of process for the above stated limit at as registered agent and agree to	ited liability company at the act in this capacity. I furthe ny dutles, and I am familia
gistered agent's accep ving been named as re ignated in this applica comply with the provis	(City) tance: rgistered agent and to accept service tion, I hereby accept the appointment ions of all statutes relative to the pro s of my position as registered agent.	of process for the above stated liming as registered agent and agree to per and complete performance of receiving the complete performance of the co	ited liability company at the act in this capacity. I furthe ny dutles, and I am familia
gistered agent's acception been named as relignated in this applicationally with the provisit accept the obligation.  The name, title or cap	tance:  gistered agent and to accept service tion, I hereby accept the appointment ons of all statutes relative to the pro- s of my position as registered agent.  Te  (Registered agent acity and address of the person(s) who	of process for the above stated liming as registered agent and agree to per and complete performance of recommendations of the performance of the	ited liability company at the act in this capacity. I furthe ny duties, and I am familia
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gistered agent's accepting been named as reignated in this application in the provision of accept the obligation.  The name, title or cap Title or Capacity:	tance:  registered agent and to accept service tion, I hereby accept the appointment ons of all statutes relative to the prosection as registered agent.  Telegraterology  acity and address of the person(s) who Name and Address:  John O'Donnell  3460 Preston Ridge Road, Suite 800	of process for the above stated limit as registered agent and agree to per and complete performance of remaining the signature)  The has/have authority to manage is/ar- Title or Capacity:	ited liability company at the act in this capacity. I further my duties, and I am familiar.  Y  e:  Name and Address:  Bonnie Lind
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gistered agent's accepting been named as relignated in this applicationally with the provist accept the obligation.  The name, title or captitle or Capacity:  President & CEO	tance:  gistered agent and to accept service tion, I hereby accept the appointment tons of all statutes relative to the pro- s of my position as registered agent.  Te  (Registered agent acity and address of the person(s) who  Name and Address:  John O'Donnell  3460 Pranton Ridge Road, Suite 600  Apparella, GA 30005	of process for the above stated limit as registered agent and agree to per and complete performance of recommendation of the signature)  o has/have authority to manage is/artitle or Capacity:  Sr. VP, CFO & Treasurer	e:  Name and Address:  Bonnie Lind  3460 Preston Ridge Road, Suite 800 Apharetta. GA 30005

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# Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NEENAH PAPER INTERNATIONAL, LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF APRIL, A.D. 2017.

SEURE TARY OF STATE TALLAHASSES, FLORIDA



Authentication: 202456039

Date: 04-28-17

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