| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (A                      | ddress)            | -           |
| (Ad                     | ddress)            |             |
| (Ci                     | ity/State/Zip/Phon | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bı                     | usiness Entity Nar | me)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | Certificates       | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
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|                         |                    |             |

Office Use Only



700314362677

JUN 13 2018

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT  | NO.  | : | 120000000195 |
|----------|------|---|--------------|
| 11000111 | 1.0. | • |              |

REFERENCE: 251519 4312468

AUTHORIZATION : Spelle

COST LIMIT : \$ 125...00

ORDER DATE : June 11, 2018

ORDER TIME : 9:41 AM

ORDER NO. : 251519-045

CUSTOMER NO: 4312468

\_\_\_\_\_

### FOREIGN FILINGS

NAME: FLINT GROUP PACKAGING INKS

NORTH AMERICA LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

### COVER LETTER

.

| TO: Registration Section<br>Division of Corporation                                                            | ns                                                         |                                    |                                                |                                                                              |
|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------------------|------------------------------------------------|------------------------------------------------------------------------------|
|                                                                                                                | ing Inks North America LLC                                 | C                                  |                                                |                                                                              |
| SUBJECT:                                                                                                       | Name of                                                    | Limited Liability C                | ompany                                         |                                                                              |
|                                                                                                                |                                                            |                                    |                                                | ansact Business in Florida," Certific<br>y company to transact business in F |
| Please return all correspondence                                                                               | concerning this matter to the                              | following:                         |                                                |                                                                              |
| Austin Poynter                                                                                                 |                                                            |                                    |                                                |                                                                              |
|                                                                                                                | N                                                          | ame of Person                      |                                                |                                                                              |
| Foley Gardere                                                                                                  |                                                            |                                    |                                                |                                                                              |
| <del> </del>                                                                                                   | F                                                          | irm/Company                        |                                                | -                                                                            |
| 2021 McKinne                                                                                                   | y Avenue. Suite 1600                                       |                                    |                                                |                                                                              |
|                                                                                                                |                                                            | Address                            |                                                |                                                                              |
| Dallas, Texas 7                                                                                                | 75201                                                      |                                    |                                                |                                                                              |
|                                                                                                                | City/S                                                     | tate and Zip Code                  | -                                              |                                                                              |
| apoynter@foley.                                                                                                |                                                            |                                    |                                                |                                                                              |
|                                                                                                                | E-mail address: (to be used                                | d for future annual                | report no                                      | lification)                                                                  |
| For further information concerning                                                                             | g this matter, please call:                                |                                    |                                                |                                                                              |
| Craig Rodeheffer                                                                                               |                                                            | 734<br>at (                        | 781-46                                         |                                                                              |
| Name o                                                                                                         | of Contact Person                                          | Area Code                          | Day                                            | time Telephone Number                                                        |
| MAILING ADDRESS:<br>Division of Corporations<br>Registration Section<br>P.O. Box 6327<br>Tallahassee, FL 32314 |                                                            |                                    | Division<br>Registrat<br>Clifton B<br>2661 Exc | of Corporations ion Section uilding ecutive Center Circle see, FL 32301      |
| Enclosed is a check for the follow  ■ \$125.00 Filing Fee                                                      | ring amount: ☐ \$130.00 Filing Fee & Certificate of Status | □ \$155.00 Filin<br>Certified Copy | 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 COMPLANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY. COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | n Limited Liability Company, must include "Limite                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                  |                                                                                                                                                                                                                                  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | name adopted for the purpose of transacting business in Flo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | rida. The alternate name must include "Linn                      | ted Liability Company," "L.L.C." or "LLC.")                                                                                                                                                                                      |
| 2. Texas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | which foreign limited liability company is organized)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3.                                                               | I number, if applicable)                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | which toteld francer mounts combany is organized)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (11                                                              | a number, it applicable)                                                                                                                                                                                                         |
| 4. 07/01/2018                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (Day 6-12-12-12-12-12-12-12-12-12-12-12-12-12-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                  |                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Date first transacted business in Florida, if prior to<br>(See sections 605 0504 & 605 0905, F.S. to determ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ine penalty liability)                                           | . ~                                                                                                                                                                                                                              |
| 5. 14909 North Beck Ro<br>(Street Address of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 6. 14909 North Beck Ro                                           | ad San Address)                                                                                                                                                                                                                  |
| Plymouth, MI 48170                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Principal Office)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Plymouth, MI 48170                                               | ng Address)                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> </u>                                                         |                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  | 100 N                                                                                                                                                                                                                            |
| 7. Name and street addre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ess of Florida registered agent: (P.O. Box                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NOT acceptable)                                                  |                                                                                                                                                                                                                                  |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Corporation Service Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                  | MID: 20<br>OF SEASO                                                                                                                                                                                                              |
| Office Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1201 Hays Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  |                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Tallahassee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | . Florida 32301                                                  | ı                                                                                                                                                                                                                                |
| to comply with the provis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |                                                                                                                                                                                                                                  |
| and accept the obligation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | sions of all statutes relative to the proper<br>us of my position as registered agent.<br>Corporation Service Company 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | and complete performance of                                      | f my duties, and I am familiar with  Roxanne Turner                                                                                                                                                                              |
| and accept the obligation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | is of my posi <del>tipi</del> jas registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Dunes                                                            | Roxanne Turner                                                                                                                                                                                                                   |
| and accept the obligation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ns of my position as registered agent.  Corporation Service Company  By:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Dunes<br>Signiffue)                                              | Roxanne Turner Asst. Vice Presiden                                                                                                                                                                                               |
| and accept the obligation  8. The name, title or cap                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Corporation Service Company By:  (Registered agent's pacity and address of the person(s) who have                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | signature) as/have authority to manage is/s                      | Roxanne Turner Asst. Vice Presiden                                                                                                                                                                                               |
| 8. The name, title or cap Title or Capacity:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | corporation Service Combant  (Registered agent's acity and address of the person(s) who have a many and Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | as/have authority to manage is/s  Title or Capacity:             | Roxanne Turner Asst. Vice Presiden are: Name and Address:                                                                                                                                                                        |
| 8. The name, title or cap Title or Capacity:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ns of my posicipmus registered agent. Corporation Service Company (Registered agent's pacity and address of the person(s) who has Name and Address:  Peter M. Schreck  14909 North Beck Road Plymouth, MI 48170  Michael Mosley                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | as/have authority to manage is/s  Title or Capacity:             | Roxanne Turner Asst. Vice Presiden  are:  Name and Address:  Ron Muawad  14909 North Beck Road                                                                                                                                   |
| 8. The name, title or cap Title or Capacity: Manager                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ns of my position as registered agent. Corporation Service Combany By:  (Registered agent's pacity and address of the person(s) who has Name and Address:  Peter M. Schreck  14909 North Beck Road Plymouth, MI 48170                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | as/have authority to manage is/s  Title or Capacity:             | Roxanne Turner Asst. Vice President are:  Name and Address:  Ron Muawad 14909 North Beck Road                                                                                                                                    |
| 8. The name, title or cap Title or Capacity:  Manager  Manager                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ns of my position as registered agent. Corporation Service Combany By:  (Registered agent's pacity and address of the person(s) who has a Name and Address:  Peter M. Schreck  14909 North Beck Road Plymouth, MI 48170  Michael Mosley  14909 North Beck Road Plymouth, MI 48170                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | as/have authority to manage is/s  Title or Capacity:             | Roxanne Turner Asst. Vice President are:  Name and Address:  Ron Muawad 14909 North Beck Road                                                                                                                                    |
| 8. The name, title or cap Title or Capacity: Manager  Manager  (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be s 10. This document is exec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Registered agent's corporation service Company (Registered agent's pacity and address of the person(s) who has a Name and Address:  Peter M. Schreck  14909 North Beck Road  Plymouth, MI 48170  Michael Mosley  14909 North Beck Road  Plymouth, MI 48170  ssary)  e of existence, no more than 90 days old, of which it is organized. (If the certificat submitted)  cuted in accordance with section 605.020, to the Department of State constitutes a the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | duly authenticated by the office is in a foreign language, a tra | Roxanne Turner Asst. Vice President are:  Name and Address:  Ron Muawad  14909 North Beck Road Plymouth, MI 48170  ial having custody of records in the instation of the certificate under oath aware that any false information |
| 8. The name, title or cap Title or Capacity: Manager  Manager  (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ns of my position as registered agent. Corporation Service Combany (Registered agent's pacity and address of the person(s) who has a Name and Address: Peter M. Schreck 14909 North Beck Road Plymouth, MI 48170  Michael Mosley 14909 North Beck Road Plymouth, MI 48170  ssary)  e of existence, no more than 90 days old, of which it is organized. (If the certificat submitted)  cuted in accordance with section 605.020, to the Department of State constitutes a the Superior of State constitutes at the Superior of State constitutes a | duly authenticated by the office is in a foreign language, a tra | Roxanne Turner Asst. Vice President are:  Name and Address:  Ron Muawad  14909 North Beck Road Plymouth, MI 48170  ial having custody of records in the instation of the certificate under oath aware that any false information |
| 8. The name, title or cap Title or Capacity: Manager  Manager  (Use attachments if neces 9. Attached is a certificate jurisdiction under the law of the translator must be s 10. This document is exec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ns of my position as registered agent. Corporation Service Combany (Registered agent's pacity and address of the person(s) who has a Name and Address: Peter M. Schreck 14909 North Beck Road Plymouth, MI 48170  Michael Mosley 14909 North Beck Road Plymouth, MI 48170  ssary)  e of existence, no more than 90 days old, of which it is organized. (If the certificat submitted)  cuted in accordance with section 605.020, to the Department of State constitutes a the Superior of State constitutes at the Superior of State constitutes a | duly authenticated by the office is in a foreign language, a tra | Roxanne Turner Asst. Vice President are:  Name and Address:  Ron Muawad 14909 North Beck Road Plymouth, MI 48170  ial having custody of records in the instation of the certificate under oath aware that any false information  |
| 8. The name, title or cap Title or Capacity: Manager  Manager  (Use attachments if necessity is a certificate jurisdiction under the law of the translator must be seen as the company of the translator must be seen as the company of the translator must be seen as the company of the translator must be seen as the company of the translator must be seen as the company of the translator must be seen as the company of the translator must be seen as the company of the translator must be seen as the company of the comp | ns of my position as registered agent. Corporation Service Combany (Registered agent's pacity and address of the person(s) who has a Name and Address: Peter M. Schreck 14909 North Beck Road Plymouth, MI 48170  Michael Mosley 14909 North Beck Road Plymouth, MI 48170  ssary)  e of existence, no more than 90 days old, of which it is organized. (If the certificat submitted)  cuted in accordance with section 605.020, to the Department of State constitutes a the Superior of State constitutes at the Superior of State constitutes a | duly authenticated by the office is in a foreign language, a tra | Roxanne Turner Asst. Vice President are:  Name and Address:  Ron Muawad 14909 North Beck Road Plymouth, MI 48170  ial having custody of records in the instation of the certificate under oath aware that any false information  |

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Flint Group Packaging Inks North America LLC (file number 803000469), a Domestic Limited Liability Company (LLC), was filed in this office on April 26, 2018.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 12, 2018.



Phone, (512) 463-5555

Prepared by: SOS-WEB

Rolando B. Pablos Secretary of State

Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services Document; 818618400003 TID: 10264