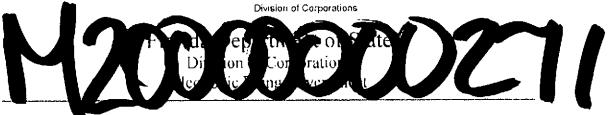
1/7/2020



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

Foreign Limited Liability Company GP Packaging and Cellulose Services LLC

Certificate of Status	Û
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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Corporate Filing Menu

Heip GLASS JAN 0 8 2020 . .

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

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

(Name of Foreign	Limited Liability Company, must include "Limite	d Liability Company," "	L.L.C.," or "LLC.")	
If name uravailable, enter alternate a	ame adopted for the purpose of transacting business in Flo	rida. The alternate name mu	st include "Elimited Liability Company," "E.L.	C," or "LLC.")
Delaware		3		
(Jurisdiction under the law of wh	nich foreign limited liability company is organized)	J	(Fill number, if applicable)	
1/1/2020				
	(Date first transpoted business in Florida, if prior to (See sections 605.0304 & 605.0305, F.S. to determine	registration.) ine penalty hability)		
133 Peachtree St NE (Street Address of Principal Office)		6. (Mailing Address)		
Atlanta, GA 30303	,	Atlanta, Gz	A 30303	201
. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)		- 17.
Name:	C T Corporation System			7: 1:7
Office Address:	1200 South Pine Island Road	W. Alignan, A. Landa, M. St., St., St., St., St., St., St., St.		
	Plantation	, Flo	33324 rida	
	(City)		(Zip code)	

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Terric Bates, Assistant Secretary
(Registered agen's signalure)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:						
Manager	Name: GP Packaging and Cellulose Address: 133 Penchtree St NE Dearthurs L	Manager Manager	Name:	······································						
Member	Address: 133 Peachtree St NE	Member	Address:							
Authorized	Atlanta, GA 30303	Authorized								
Person		Person								
Other	Other	Other		Other						
■Manager	Name:	Manager	Name:							
Member	Address:	Member								
_		Authorized								
Authorized		_		02 23 20						
Person 		Person								
Other	Other	Other		Other						
Manager	Name:	Manager	Name:	: - 72						
Member	Address:	Member	Address:	 . 						
Authorized		Authorized								
Person		Person								
Other	Other	Other		Other_						
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree fellows as provided for in s.817.155, F.S. Signature of an authorized person										
Mark D. Berry, Assistant Secretary of Member										

Typed or printed name of signee



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GP PACKAGING AND CELLULOSE SERVICES LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202132866

Date: 01-07-20

7682277 8300 SR# 20200103584

You may verify this certificate online at corp.delaware.gov/authver.shtml