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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

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 **NOVOLEX HERITAGE BAG, LLC**

Certificate of Status	0
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

, NOVOLEX HERITAG	E BAG. LLC			
(Name of Foreign)	Limited Liability Company, must include "Limited	Hability Company," "L.L.C.," o	n "LLC.")	
Of name unevailable, ortor elternate ri	iame adopted for the purpose of transacting business in Fl	orida. The alternate name must includ	r "Limited Linbuity Company,"	"L.L.C," or "L.LC
Texas		75-1425644		
(Jurisdiction under the law of w	nich foreign iimited liability company is organized)	J	(FE: number, if applicable)	
1/1/2021 4				
4	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration) nr penalty liability)		
101 E. Carolina Ave 5. (Street Address of Frincipe) Office)		6. (Meiling Address)		
Hartsville, SC 29550				
· · · · · · · · · · · · · · · · · · ·				~;
····				
 Name and <u>street addres</u> 	ss of Florida registered agent: (P.O. Box	NOT acceptable)		0
Nt	Corporation Service Company			· -
Name: Office Address.	1201 Hays Street			بن د. د-
Willow Flaciness.	Tallahassee		2301	 4
	(Cay)		(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.

Corporation Service Company By Louis A flores (Registered agent's signature) manage [up to six (6) total]:

Person

∐Other_

□Manager

□Member

[] Authorized

Person

□Other_

Name. __

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[]Other_

Other___

Name.

Address: _

Title or Capacity:	Name and Address: Name. Lori B. Goldin	Title or Capacity:	Name and Address: Stanley Bikulege
[]Member	Address: 3436 Toringdon Way, #100	□Member	Address: 3436 Toringdon Way, #100
■ Authorized	Charlotte, NC 28277	Authorized	Charlotte, NC 28277
Person		Person	
Other	Other	□Other	Other
□Manager	Name.	□Manager	Name
□Member	Address:	□Member	Address.
□Authorized		□Authorized	

[]Other_____

Other_____

Address.

Person

∭Other_

□ Manager

☐ Member

Authorized

Person

□Other____

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

Important Notice. Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 felony as provided for in s.817.155, F.S.

Yas Hed				
	Signature of an authorized person.			
Lori B. Goldin, Secretary				

Typed or printed name of signee

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





Office of the Secretary of State

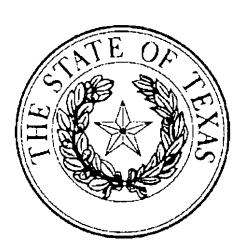
Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Conversion for Novolex Heritage Bag, LLC (file number 803864930), a Domestic Limited Liability Company (LLC), was filed in this office on December 15, 2020.

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

Delayed Effective date: December 31, 2020

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 December 30, 2020.



Phone: (512) 463-5555

Premired by: SOS-WEB

Ruth R. Hughs

Secretary of State

Come visit us on the internet at https://www.sos.texas.gov/ Fax: (512) 463-5709 TID: 10264

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