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	(Requestor's Name)	
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	(City/State/Zip/Phone #)	
PICK-U	TIAW T	MAIL
	(Business Entity Name)	
	(Document Number)	<u>.</u> .
Certified Copies	Certificates of	Status
Special Instructions	s to Filing Officer:	

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S. FRANKLIN MAY 1 9 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	120000001	.95		
	REFERENCE	:	664667	8014471		
	AUTHORIZATION	:	10 00	,		
	COST LIMIT	:	5/125.00	ena		
ORDER DATE :	May 9, 2022		·			
ORDER TIME :	9:12 AM					
ORDER NO. :	664667-045				101	3 2 2
CUSTOMER NO:	8014471				17	 ***
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	FOREIGN F	ILI	NGS			PH
						بي ت
NAME:	CBG MIDWEST,	LLC				
XXXX QUALIFIC	CATION (TYPE: <u>L</u>	<u>다</u>)				
PLEASE RETURN	THE FOLLOWING AS	PR	OOF OF FILI	NG:		
XX PLAIN	FIED COPY STAMPED COPY FICATE OF GOOD ST	AND	ING			

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

COVER LETTER

	egistration Section vision of Corporations			
CUBIECT	CBG Midwest, LLC			
SOBIRCI	N	ame of Limited Liability Co	ompany	
The enclos Existence,	ed "Application by Foreign Limited Liabili and check are submitted to register the abo	ty Company for Authorizati ve referenced foreign limite	ion to Transact Business in Florida," Id liability company to transact busin	Certificate of ess in Florida.
Please retu	rn all correspondence concerning this matte	er to the following:		
	STEVE BAGLEY			
		Name of Person		
	CBG MIDWEST LLC			
		Firm/Company		
	3064 SALEM INDUSTRIAL DRI	VE		
		Address		
	WINSTON-SALEM, NC 27127			-
		City/State and Zip Code		
	SBAGLEY@COOKANDBOARD			2077
	E-mail address: (to be used for future annual	report notification)	2012 1. 1
For furthe	er information concerning this matter, pleas	e call:		18
	STEVE BAGLEY	336 at (768-8872 _)	- PH
	Name of Contact Person	Area Code	Daytime Telephone Number	ယ့
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	. <u>o</u>
	Enclosed is a check for the following amount Please make check payable to: FLORIDA \$125.00 Filing Fee \$130.00 Filing Fee Certification Certif	lling Fee & S155.00	TE O Filing Fee & \$160.00 Filing Tied Copy of Status & Co	g Fee, Certificate ertified Copy

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

IN COMPILANCE 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:

CBG Midwest, LLC (Name of Foreign Li	mited Liability Company; must include "Limited	Liability	Company," "L.L.C.," or "ELC.")	
DE	e adopted for the purpose of transacting business in Flor h foreign limited liability company is organized)		emate name must include "Limited Liability Company 84-2733455 (FEI munber, if applicab	
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determine	ne penalty		
3064 Salem Industria	Drive	6.	3064 Salem Industrial Drive (Mailing Address)	
Winston-Salem, NC 2	7127		Winston-Salem, NC 27127	200211
. Name and street address	of Florida registered agent: (P.O. Box	NOT.	acceptable)	; (
Name:	Corporation Service Company			- 0
Office Address:	1201 Hays Street			
	Tallahassee (City)		32301 , Florida	

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.

By: Wish distance of the standard of the stand
(Registered agent's signature)

manage [up to six (6 Title or Capacity:	Name and Address: Darrin Anderson	Title or Capacity:	Name and Address: Name: David Eisner
Manager Member	Name:	Member	Address: 3064 Salem Industrial Drive
Authorized	Winston-Salem, NC 27127	Authorized Person	Winston-Salem, NC 27127
Person CEO	Other	X Other CFO	Other
Manager	Name:	Manager	Name:
Member	Address: 3064 Salem Industrial Drive	Member	Address:
Authorized	Winston-Salem, NC 27127	Authorized Person	
XOther	Other	Other	□Other 28 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Manager	Name:	Manager	Name:
Member	Address:	Member	Address:
Authorized		Authorized Person	e en
Person Other	Other	Other	Other
indexed individua 9. Attached is a ce jurisdiction under of the translator n	it is executed in accordance with section 605.020 cument to the Department of State constitutes a the	duly authenticated by the is in a foreign language	ne official having custody of records in the ge, a translation of the certificate under oates. I am aware that any false information



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

DELAWARE, DO HEREBY CERTIFY "CBG MIDWEST, 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 NINTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CBG MIDWEST, LLC" WAS FORMED ON THE FOURTEENTH DAY OF AUGUST, A.D. 2019.

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

2022 K. 17 18 Pit 3. 3.

Authentication: 203376437

Date: 05-09-22