M23000004687

| (Requestor's Name) | | | | |
|---|--------------------|-------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Cit | ty/State/Zip/Phone | e #) | | |
| PICK-UP | WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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| | | | | |
| | | | | |

Office Use Only



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2023 []] [2023 []



S. ROBERTS APR 1 2 2023



Tallahassee, FL 32301-2607 850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 04/11/23 Order #: 664960-1

Re: Amcor Flexibles LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

12000000195

AUTHORIZATION:

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO:

Registration Section

| | Amcor Flexibles, LLC | | | | |
|---|---|--|--|--|--|
| JECT: Name of Limited Liability Company | | | | | |
| | | Company for Authorization to Transact Business in Florida," Certifica referenced foreign limited liability company to transact business in Florida. | | | |
| e return | all correspondence concerning this matter | to the following: | | | |
| | Tamara Gates | | | | |
| | Name of Person | | | | |
| | Amcor, ple | | | | |
| | Firm/Company | | | | |
| | 2301 Industrial Drive | | | | |
| | | Address | | | |
| | Neenah, WI 54956 | | | | |
| | | City/State and Zip Code | | | |
| | Tamara.Gates@Amcor.com | | | | |
| | E-mail address: (to b | e used for future annual report notification) | | | |
| | | | | | |
| ırther in | formation concerning this matter, please ca | ill: | | | |
| | formation concerning this matter, please ca nara Gates | 920 527-5488 | | | |
| | · | 920 527-5488 | | | |
| Tan ——— <u>Mail</u> | Name of Contact Person | at () 527-5488 Area Code Daytime Telephone Number Street Address: | | | |
| Tam <u>Maii</u> Reg | Name of Contact Person ling Address: gistration Section | at () Area Code Daytime Telephone Number Street Address: Registration Section | | | |
| Mail Reg Div | Name of Contact Person ling Address: sistration Section rision of Corporations | at () 527-5488 Area Code Daytime Telephone Number Street Address: Registration Section Division of Corporations | | | |
| Mail Reg Div P.O | Name of Contact Person ling Address: gistration Section rision of Corporations b. Box 6327 | at () 527-5488 Area Code Daytime Telephone Number Street Address: Registration Section Division of Corporations The Centre of Tallahassee | | | |
| Mail Reg Div P.O | Name of Contact Person ling Address: sistration Section rision of Corporations | at () 527-5488 Area Code Daytime Telephone Number Street Address: Registration Section Division of Corporations | | | |
| Mail Reg Div P.O Tall | Name of Contact Person ling Address: gistration Section rision of Corporations b. Box 6327 | at () Area Code Daytime Telephone Number Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | |

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: Amoor Flexibles, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L. U.C." or "L. U.C.") Washington (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 2801 SW 149th Ave., Suite 350 2301 Industrial Dr. (Mailing Address) (Street Address of Principal Office) Neenah, WI 54956 Miramar, FL 33027 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name:

Registered agent's acceptance:

Office Address:

1201 Havs St

Tallahassee

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.

_ . Florida _

alixero Weilard-Sirenson, AVP
(Registered agent's signature)

(City)

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: Louis Fred Stephan | ■Manager | Name: Daniel Sula |
| □Member | Address: 2301 Industrial Dr. | □Member | Address: 2301 Industrial Dr. |
| □Authorized | Neenah, WI 54956 | □Authorized | Neenah, WI 54956 |
| Person | | Person | - |
| □Other | Other | □Other | Other |
| □Manager | Name: | □Manager | Name: |
| □Member | Address: | □Member | Address: |
| □Authorized | | □Authorized | *101 |
| Person | | Person | |
| □Other | Other | □Other | Other |
| □Manager | Name: | □Manager | Name: |
| □Member | Address: | □Member | Address: |
| □Authorized | | □Authorized | |
| Person | | Person | |
| Other | Other | □Other | Other |
| | se an attachment to report more than six (6). The may be added to the index when filing your Flori | | |
| | ificate of existence, no more than 90 days old, duse law of which it is organized. (If the certificate is the submitted) | | |
| | s executed in accordance with section 605.0203 (ment to the Department of State constitutes a third | | |

Signature of an authorized person

Typed or printed name of signee

Daniel Sula

The State of Washington

Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

AMCOR FLEXIBLES LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 08/15/1991.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

1 FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 04/11/2023 UBI Number: 601 335 694



Given under my hand and the Scal of the State of Washington at Olympia, the State Capital

then R Hobbie

Steve R. Hobbs, Secretary of State

Date Issued: 04/11/2023