

Document Number Only

**1197000000309**

CT CORPORATION SYSTEM

660 EAST JEFFERSON STREET

Requestor's Name  
TALLAHASSEE, FL 32301

Address  
222-1092

City State Zip Phone

CORPORATION(S) NAME

800002196848--1  
05/30/97--01064--013  
\*\*\*\*285.00 \*\*\*\*285.00

ITW Specialty Packaging, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 MAY 30 PM 3:44

☐ Profit  
☐ NonProfit  
☒ Limited Liability Co.

☐ Amendment

☐ Merger

☒ Foreign

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership  
☐ Reinstatement

☐ Annual Report  
☐ Reservation

☐ Other  
☐ Change of R.A.

☐ Fictitious Name Filing

☐ Certified Copy

☐ Photo Copies

☐ CUS

☐ Call When Ready

☐ Call if Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

1197-309

Name	
Availability	5-30 5-30-97
Document Examiner	
Updater	
Verifier	
Acknowledgment	
W.P. Verifier	

5/30/97  
IB

DIVISION OF CORPORATION  
97 MAY 30 PM 12:47

RECEIVED

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS  
IN THE STATE OF FLORIDA:

1. ITW Specialty Packaging L.L.C.  
(Name of foreign limited liability company must end with the words "limited company" or their abbreviation "L.C." if not so contained in the name at present.)
2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 36-4150017  
(FEI number, if applicable)
4. 03/06/97  
(Date of Organization)
5. 12/31/2050  
(Duration: Year limited liability company will cease to exist or "perpetual")
6. 05/01/97  
(Date first transacted business in Florida. (See sections 608.501, 608.502 and 817.155, F.S.))
7. 3600 West Lake Avenue, Glenview, IL 60025  
  
(Street address of principal office)

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 97 MAY 30 PM 3:44

8. List and indicate in title space provided the name, title, and business address of each managing member [MGRM] or manager [MGR]. It is not necessary to list members.  
(attach additional page if necessary)

NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
<u>Illinois Tool Works Inc.</u>	<u>mgrm</u>	_____	_____
<u>3600 West Lake Avenue,</u>		_____	
<u>Glenview, IL 60025</u>		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	

**Filing Fee: \$ 52.50 for Application**

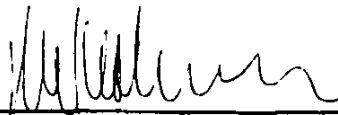
**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN  
LIMITED LIABILITY COMPANY**

The undersigned member or authorized representative of a member of \_\_\_\_\_

ITW Specialty Packaging L.L.C.

deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 6,000,100 .
- 3) if any, the agreed value of property other than cash contributed by member(s) is  
\$ \_\_\_\_\_. A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is  
\$ 6,000,100 . This total includes amounts from 2 and 3 above.



Signature of a member or authorized representative of a member.  
(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit  
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Illinois Tool Works Inc., its managing member  
by: Michael J. Robinson  
V.P. & Treas.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 MAY 30 PM 3:44

**Filing Fee: \$52.50 for Affidavit**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: \_\_\_\_\_

ITW Specialty Packaging L.L.C.

2. The name and address of the registered agent and office is:

C T CORPORATION SYSTEM

(Name)

c/o C T CORPORATION, 1200 South Pine Island Road,

(P.O. Box not acceptable)

Plantation, Florida 33324

(City/State/Zip)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 MAY 30 PM 3:44

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T CORPORATION SYSTEM

James M. Halpin  
(Signature)

James M. Halpin

Assistant Secretary

(Title)

May 27, 1997

(Date)

**FILING FEE: \$ 35 for Designation of Registered Agent**

*Office of the Secretary of State*

---

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ITW SPECIALTY PACKAGING L.L.C." 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 TWENTY-SECOND DAY OF MAY, A.D. 1997.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



A handwritten signature in cursive script, reading "Edward J. Freel".

*Edward J. Freel, Secretary of State*

AUTHENTICATION:

DATE:

2725767 8300

971167745

8477400

05-22-97