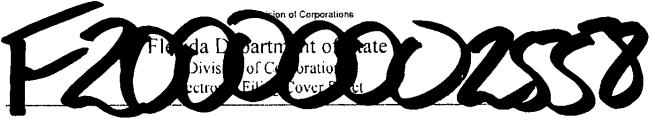
6/9/2020



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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.\*\*

r1	Address:				
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### FOREIGN PROFIT/NONPROFIT CORPORATION

## **Portage Plastics Corporation**

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$87.50

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Corporate Filing Menu

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# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACTS BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. Portage Plastics Corporation

(If name unavaila	ble in Florida, enter alternate corporate name ado	pted for the purpose of transacting business i	n Florida)	
WI	3.			
(State or country	3	(FEI number, if applicable)		
12/30/1996	5.			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
June 12, 2020				
3000 Boeck Road	, Portage, WI 53901 (Principal office	street address)		
PO Box 640, Por	tage, WI 53901		11	
	(Current mailing a	ddress, if different)	c: ( )	
. Name and stree	et address of Florida registered agent: (P.O. F	Box <u>NOT</u> acceptable)		
Name:	C T Corporation System	_	-	
Office Address:	1200 South Pine Island Road			
,	Plantation	, Florida 33324		
	(City)	(Zip code)		

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Stephane Honay	Stephanie Hencz Assistant Secretar		
(Registered agent	i's signature)		

<sup>10.</sup> Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

<sup>11.</sup> For initial indexing purposes, list names, titles and addresses of the primary efficers and/or directors [up to six (6) total]:

A. DIRECTORS			turkami. Domazakia		
□Chairman	Name:	Anthony Domerchie  Name: 3000 Boeck Road  UVice Chairman Address:			
□Vice Chairman	Address:				
<b>a</b> Director	Portage, WI 53901	<b>■</b> Director	Portage, WI 53901		
President		⊡President			
□Vice President		□Vice President			
□ Secretary	□Treasurer	□ Secretary	□Treasurer		
CEO Cher	Other	□Other	□Other		
□ Chairman	Kevin W. Putnam	□Chairman	Mauro Fisher		
<del>-</del> :	Address:	□Vice Chairman	Address: 3000 Boeck Road		
Director	Portage, WI 53901	Director	Ропаде, WI 53901		
⊡President		☐ President			
□Vice President		□Vice President			
☐ Secretary	□Troasurer	□ Secretary	□Treasurer 🔂		
□Other	□Other	□Other	-		
Date	James R. Harney	□Chairman	Name:		
□Chaiπnan —	3000 Boeck Road Address:		<u> </u>		
□ Vice Chairman	Portage, WI 53901	□ Vice Chairman	Address:		
□ President		□ President			
□Vice President		□Vice President			
□ Secretary	□Tieasurer	☐ Secretary	□Treasurer		
Other	70.0	□Other			
individuals may t	Use an attachment to report more than six (6). The at be added to the index when filing your Florida Departs  Air Constitution of Directo	ment of State Annual I	ed for reporting purposes only. Non-indexed Report form.		

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

## United States of America State of Wisconsin

#### DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, Patti Epstein, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

#### PORTAGE PLASTICS CORPORATION

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is December 30, 1996.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on June 08, 2020.

PATTI EPSTEIN, Administrator

Division of Corporate and Consumer Services Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code: 269739-D481A7F9