State of Rhode Island and Providence Plantations  Department of State - Business Services	Division		22	(+)	
Application for Registration FOREIGN Limited Liability Company → Filing Fee: \$150.00			2019 DEC 24	ECRETARY CORPORATE	
Pursuant to the provisions of RIGL <u>7-16-49</u> , the undersigned for applies for a Certificate of Registration to transact business in purpose submits the following statement:	preign limited liability company h the State of Rhode Island, and f	nereby for that	AH II: 26		
The name of the limited liability company is:					
Pratt Retail Specialties, LLC				•	
Is this company organized in its state or country of formation	as a low-profit limited liability co	mpany?	Yes	No P	
The name, if different, under which it proposes to register and transact business in Rhode Island is:					
				<del></del> -	
2. The LLC is organized under the laws of: Delaware					
3. The date of its organization is: July 16, 2008					
And the period of its duration is: CHECK ONE BOX ONLY					
Perpetual (on-going)					
Date certain for dissolution					
4. The name and address of the resident agent/office in Rhode Island is:					
Agent Name Corporation Service Company					
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite	200	<del></del>		<del></del>	
City/Town Warwick	State RHODE ISLAND	Zip Code 02888			
5. The purpose or purposes which it proposes to pursue in the	e transaction of business in Rhc	ode Island are	e:		
Sale of specialty papers and containers.					
				:	

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040

Website: www.sos.ri.gov

DEC 2 4 2019
BY ON JBARK

Check the box to indicate an attachment

0.74					
6. The RI Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.					
7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:					
1800-C Sarasota Parkway, Conyers, Georgia 30013					
8. The mailing address for the limited liability company is:					
1800-C Sarasota Parkway, Conyers, Georgia 30013					
9. Management of the Limited Liability Company:					
The Limited Liability Company is to be managed by: CHECK ONLY ONE BOX					
By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.)					
By one (1) or more managers (List managers below)					
MANAGER	ADDRESS				
		<del></del>			
		<del></del>			
10. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of filing.					
11. Date when this application for Certificate of Registration will be effective: CHECK ONE BOX ONLY					
Date received (Upon filing)					
Later effective date (Date must be no more than 90 days from the date of filing)					
Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.					
Type or Print Name of LLC		Date .			
Pratt Retail Specialties, LLC		Dec 23, 2019			
Signature of Authorized Person					
of of		<u> </u>			

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "PRATT RETAIL SPECIALTIES, 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 TWENTY-THIRD DAY OF DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRATT RETAIL SPECIALTIES, LLC" WAS FORMED ON THE SIXTEENTH DAY OF JULY, A.D. 2008.

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

Authentication: 204283518

Date: 12-23-19