

Commonwealth of Kentucky  
Michael G. Adams, Secretary of State

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Michael G. Adams  
KY Secretary of State  
Received and Filed

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Fee receipt: \$90.00

Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements.

1. The business entity is a **limited liability company**.
2. The name of the entity is: **NETWORK PACKAGING GROUP, LLC**
3. The name of the entity to be used in Kentucky is (if applicable): **N/A**
4. The state or country whose law the entity is organized is **Florida**.
5. The date of organization is **10/15/2014** and the period of duration is **perpetual**.
6. This entity is managed by Managers

**7. Principal Office**

2180 N POINTE DR  
Warsaw, IN 46582

**8. Required Representatives**

<b>Manager</b>	Dean Molloy	1787 Sentry Parkway Building 16, Suite 130,	Blue Bell	PA	19422
<b>Manager</b>	Mitchell Blumenfeld	2180 N POINTE DR	Warsaw	IN	46582

**9. Registered Agent/Office**

InCorp Services, Inc.  
828 Lane Allen Road Ste 219  
Lexington, KY 40504

I, **Amanda Morehouse** on behalf of **InCorp Services, Inc.**, consent to sign for **InCorp Services, Inc.** who serves as the **Registered Agent** on behalf of this Entity.  
on Wednesday, May 31, 2023

As the Authorized Representative, I, **Mitchell Blumenfeld**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Manager**