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Florida Department of State
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FOREIGN PROFIT QUALIFICATION

One Pack Management Corp.

Certificate of Status	0
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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

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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.

1. ONE PACK MANAGEMENT CORP.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. DELAWARE

(State or country under the law of which it is incorporated)

3. APPLIED FOR

(FEI number, if applicable)

4. 02/12/03

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 1701 HIGHWAY A1A, SUITE 304, VERO BEACH, FLORIDA 32963

(Principal office address)

1701 HIGHWAY A1A, SUITE 304, VERO BEACH, FLORIDA 32963

(Current mailing address)

8. TRANSACT BUSINESS AS OWNER/LESSOR OF COMMERCIAL REAL PROPERTY

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: F & L CORP.

Office Address: THE GREENLEAF BUILDING, 200 LAURA ST., 3RD FLOOR

JACKSONVILLE

(City)

Florida

32202-3510

(Zip code)

10. 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.



(Registered agent's signature)

11. 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.

12. Names and business addresses of officers and/or directors:

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A. DIRECTORS

Chairman: TIMOTHY S. SMICK

Address: 1701 HIGHWAY A1A, SUITE 304
VERO BEACH, FLORIDA 32963

Vice Chairman: _____

Address: _____

Director: TIMOTHY S. SMICK

Address: 1701 HIGHWAY A1A, SUITE 304
VERO BEACH, FLORIDA 32963

Director: DANIEL SIMMONS

Address: 1701 HIGHWAY A1A, SUITE 304
VERO BEACH, FLORIDA 32963

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B. OFFICERS

President: TIMOTHY S. SMICK

Address: 1701 HIGHWAY A1A, SUITE 304
VERO BEACH, FLORIDA 32963

Vice President: DANIEL SIMMONS

Address: 1701 HIGHWAY A1A, SUITE 304
VERO BEACH, FLORIDA 32963

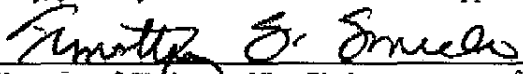
Secretary: TIMOTHY S. SMICK

Address: 1701 HIGHWAY A1A, SUITE 304, VERO BEACH, FLORIDA 32963

Treasurer: TIMOTHY S. SMICK

Address: 1701 HIGHWAY A1A, SUITE 304, VERO BEACH, FLORIDA 32963

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. TIMOTHY S. SMICK
(Typed or printed name and capacity of person signing application)

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Delaware

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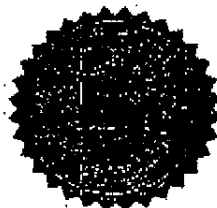
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ONE PACK MANAGEMENT CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF FEBRUARY, A.D. 2003.

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Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

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