

PA9800013553

Division of Corporations

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**Florida Department of State
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FLORIDA PROFIT/NON PROFIT CORPORATION

US Shrink Wrap Inc.

Certificate of Status	1
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Page Count	03
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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

US Shrink Wrap Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

US Shrink Wrap Inc.

13230 Grant Logan Lane
Jacksonville, FL 32225

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ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,500 Shares at no Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Sherril L. Fisher
13230 Grant Logan Lane
Jacksonville, FL 32225

Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-835-3940

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ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Sherri L. Fisher - 13230 Grant Logan Lane, Jacksonville, FL 32225 - President/Director
Gary R. Cills - 13230 Grant Logan Lane, Jacksonville, FL 32225 - Vice President/Director

ARTICLES VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Sherri L. Fisher - 13230 Grant Logan Lane, Jacksonville, FL 32225
Gary R. Cills - 13230 Grant Logan Lane, Jacksonville, FL 32225

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

11th day of February 2009



Sherri L. Fisher - Signature



Gary R. Cills - Signature

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **US Shrink Wrap Inc.**

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

Sherril L. Fisher

Name

13230 Grant Logan Lane

(P.O. Box or Mail Drop Box NOT Acceptable)

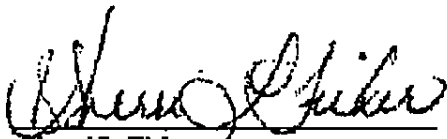
Jacksonville, FL 32225

(City / State / Zip)

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Having been named as registered agent and to accept service of process for the above stated corporation 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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.



Sherril L. Fisher
SIGNATURE

February 11, 2009

(Date)

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