FOGULU 1603

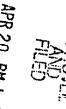
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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SECRETARY OF STATE







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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 16, 2009

PAOLA ECHEVERRI NATIONAL PACKING CORP. 15933 SW 43 ST. MIAMI, FL 33185

SUBJECT: NATIONAL PACKING CORP.

Ref. Number: W09000012278

We have received your document for NATIONAL PACKING CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L06000011870 - NATIONAL PACKAGING, INC..

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole Regulatory Specialist II

Letter Number: 409A00008866

COVER LETT ER

TO: New Filing Section Division of Corporations	
SUBJECT: National Packing Corporation - n	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Auth "Certificate of Existence," and check are submitted to registe transact business in Florida.	
Please return all correspondence concerning this matter to the Paola Echever's	following:
(Name of Pers	a)
National Pocking Corp.	,
(Firm/Compar)
15933 SW 43 St	
(Address)	
Miami PL 33185	
(City/State and Z	o code)
For further information concerning this matter, please call:	
Paola Echeverii at (186) =	197-0201
	: Daytime Telephone Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 26/1 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
	5 Filing Fee & S87.50 Filing Fee, ified Copy Certificate of Status & Certified Copy

`APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLC RIDA**

	WITH SECTION 607.1503, FLORIDA STATUTI L'IGN CORPORATION TO TRANSACT BUSINE		
(Enter name of co	rporation; must include "INCORPORATED," "COM	ANY," "CORPORATION,"	- •
Al mento: (If name unavaila	ole in Florida, enter alternate corporate name adopted	r the purpose of transacting business in Florida	<u>ı)</u>
2. New Y	of K 3	(FEI number, if applicable)	
4. 05/5	12000 5. Pe		-
6	(Date first transacted business in Florida (SEE SECTIONS 607.1501 & 607.1502, F.S.		_
7. 7447 N)W 48 Street Miami, (Principal office address)	•	
15933	Sw 43 Street Mami (Current mailing address)	, FL 33185	_
	cmofacturer of corporation authorized in home state or country to	carried out in state of Florida)	- 0
9. Name and street	address of Florida registered agent: (P.O. Box	<u>OT</u> acceptable)	9 APR
Name:	Paola Echeverri	HASS!	F) R 20
Office Address:	15933 SW 43 St	л. С 	
•		rida 33185 CZip code)	4 4:37
designated in this (further agree to co	ent's acceptance: d as registered agent and to accept service of propplication, I hereby accept the appointment as imply with the provisions of all statutes relative twith and accept the obligations of my position a	gistered agent and agree to act in this cap the proper and complete performance of t	acity. I
<u>_</u>	Paola Edulu (Registered agent's signature)	2/28/09	

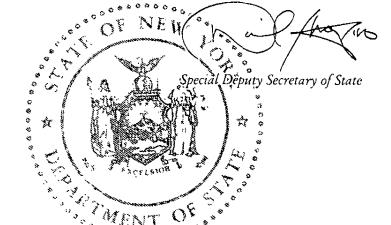
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official has ing custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: _____ Address: ____ Vice Chairman: ____ Address: Director: ___ Address: ____ Director: **B. OFFICERS** President: Jairo Echeverri Address: 15933 SW 43 MIami, FL 33185 Echeverry Vice President: Juan Address: 6732 Oakland Gardens, NY-11364 Secretary: _____ Address: _____ Treasurer: Address: _____ NOTE: If necessary, you may attach an addendum to the applicatio listing additional officers and/or directors. (Signature of Director or Officer listed in num er 12 of the application) CHUUU (Typed or printed name and capacity of per n signing application)

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of NATIONAL, PACKING CORP. was filed on 03/31/2000, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 04th day of March two thousand and nine.



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