

ACCOUNT NO. : 072100000032

REFERENCE : 331666 7189316

AUTHORIZATION :

Patricia Pignatelli

COST LIMIT : \$ 78.75

ORDER DATE : August 5, 1999

ORDER TIME : 9:55 AM

ORDER NO. : 331666-005

100002952541--B

CUSTOMER NO: 7189316

CUSTOMER: Mr. Michael J. Perez
Mr. Michael J. Perez
1330 W. Newport Center Drive

Deerfield Beach, FL 33442

W99-18269

FOREIGN FILINGS

NAME: INNOVATIVE DESIGN & PACKAGING
INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janine Lazzarini

SECRETARY OF STATE
TALLAHASSEE FLORIDA

99 AUG -6 PM 14:08

FILED

CR 8/6

SECRETARY OF STATE
TALLAHASSEE FLORIDA

99 AUG -6 AM 10:56

RECEIVED

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Innovative Design & Packaging Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Michael Perez
(Name of Person)

Innovative Design & Packaging Inc.
(Firm/Company)

1330 West Newport Center Dr.
(Address)

Deerfield Beach, FL 33442
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Michael Perez at (954) 415-5181
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

August 6, 1999

CSC
ATTN: JANINE LAZZARINI

SUBJECT: INNOVATIVE DESIGN & PACKAGING INC.
Ref. Number: W99000018269

RESUBMIT
Please give original
submission date as file date.

We have received your document(s) in this office, however, a copy of the document is being returned for the following:

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report fees due this office.)

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) 487-6958.

Lee Rivers
Document Specialist

Letter Number: 699A00039920

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99 AUG -6 PM 3:12
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

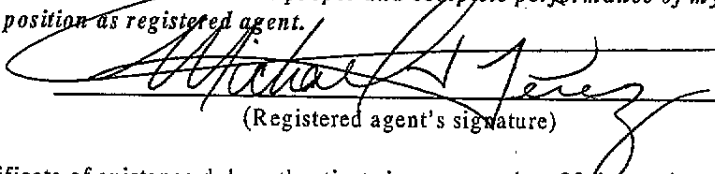
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

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. Innovative Design & Packaging Inc.
(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 3. 65-0937283
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 7-21-99 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 1330 WEST NEWPORT CENTER DRIVE, DEERFIELD BEACH, FL
33442
(Current mailing address)
8. To sell packaging & marketing materials to other businesses
(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: Michael J. Perez
Office Address: 1330 West Newport Center Dr.
Deerfield Beach, Florida, 33442
(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 addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

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99 AUG -6 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: Michael T Perez

Address: 1750 NW 5th Street, Deerfield Beach, FL 33442

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Michael Joseph Perez

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

14. President Michael J Perez

(Typed or printed name and capacity of person signing application)

FILED
96 AUG - 6 PM 11:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

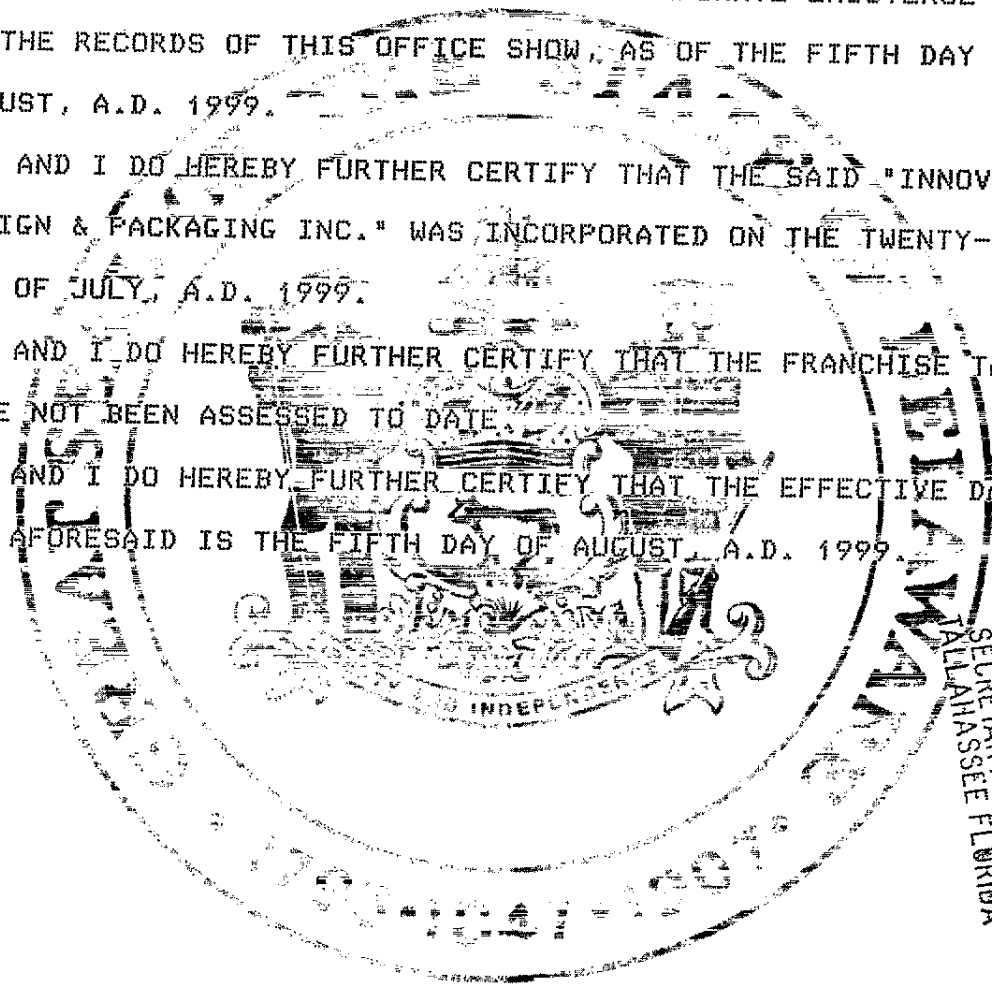
State of Delaware
Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INNOVATIVE DESIGN & PACKAGING INC." 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 FIFTH DAY OF AUGUST, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INNOVATIVE DESIGN & PACKAGING INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF JULY, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID IS THE FIFTH DAY OF AUGUST, A.D. 1999.



FILED

99 AUG -6 PM 4:08

SECRETARY OF STATE
 TALLAHASSEE FLORIDA



3072067 8300

991324476

Edward J. Freel

Edward J. Freel, Secretary of State

7705659

AUTHENTICATION:

08-05-99

DATE: