## Paulo Color Color

Department of State Division of Corporations P. O. 6327 Tallahassee, FL 32314

000003209650--5 -04/14/00--01072--011 \*\*\*\*\*70.00 \*\*\*\*\*\*70.00

SUBJECT:		PS, INC. ed corporate nam	e – must include suffi	x)	and the same of th			
Enclosed is an original and one (1) copy of the articles of incorporation and a check for:								
X \$70.00 Filing Fee	∍ Fi	378.75 ling Fee Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Fiting Fee, Certified Cop & Certificate				
Please return the photocopy to me with the filling date stamped on it.								
	FROM:	WRAPS, INC.		-	EO			
		Name (pri	nted or typed)		40 % S			

1300 SHETTER AVE #96

Address

City, State & Zip

Daytime Telephone Number

(904)241-5973

JACKSONVILLE BEACH, FL. 32250

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## Articles of Incorporation

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1. The name of the corporation shall?	be:	ODAPO FILE	
WRAPS, INC.		7318987 14 NO	
<ol> <li>The name of the corporation shall?         WRAPS, INC.</li> <li>The principal place of business and         1300 SHETTER AVE. # 96</li> </ol>	d mailing address of th	e corporation is:	
3. The corporation shall have the auth	hority to issue 500	shares of stock.	
4. The registered agent of the corporegistered street address is 1300°s. Florida 32250	oration is ANDREAS SHETTER AVE #96	WAGNER and th	e 
5. The initial Board of Directors shall h is/are as follows: DOLORES DWYER ANDREAS WAGNER 1300 SHETTI	ave 2 member(s) wh 8659 FT.CAROLINE ER AVE. #96 JAX B	nose name(s) and address(es ROAD JAX.,FL. 32277 EACH,FL 32250	.) -
			_
The number of directors may be the corporation but shall in no case be	less than one.		
<ol> <li>The incorporator of this corporate address is 1300 SHETTER AVE#96</li> </ol>	tion is ANDREAS WAG 5 JAX BEACH, FL.	NER whose stree 32250	t -
Dated 5/1/2000 .			-
	_ Anders	· OWagnes	
$\nu$	Incorporator	1	•
Having been named as registered agent corporation at the place designated in registered agent and agree to act in the provisions of all statutes relating to the part familiar with and accept the obligations.	this certificate, I hereby his capacity. I furthe proper and complete pe	y accept the appointment as r agree to comply with the erformance of my duties, and	•
Dated <u>64-11-00</u>			