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TRANSMITTAL LETTER

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

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-04/25/00--01058--004
*****78.75 *****78.75

SUBJECT:

DIVERSIPACK, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

JOHN PASSARO

Name (Printed or typed)

2015 FISHERMANS BEND

Address

Palm Harbor, FL 34685

City, State & Zip

727-772-7720

Daytime Telephone number

FILED
00 APR 25 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

T. Burch APR 27 2000

**Articles of Incorporation
of
DIVERSIPACK, INC.**

FILED
00 APR 25 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**I.
Name**

The name of the Corporation is DIVERSIPACK, INC., hereinafter referred to as the "Corporation."

**II.
Purposes**

The purpose of the Corporation is to transact any and all lawful business for which corporations may be incorporated under the laws of the State of Florida, as they may be amended from time to time.

**III.
Principal Office and Registered Agent**

The principal office of the Corporation is 2015 FISHERMANS BEND, PALM HARBOR, Florida 34685. The Corporation may maintain offices and/or transact business at other locations, either within or without the State of Florida. The name and address of the registered agent for service of process upon the Corporation is JOHN J. PASSARO, 2015 FISHERMANS BEND, PALM HARBOR, Florida 34685.

**IV.
Duration**

The duration of the Corporation shall be perpetual.

**V.
Initial Business**

The initial business of the Corporation shall be:
Shipping and Packing

VI.
Capital Stock

The Corporation is authorized to issue only one class of shares of stock which shall be designated Common Stock. The total number of shares the Corporation shall have authority to issue is 1,000, each share to have a par value of \$ 1.00.

VII.
Incorporators

The names and mailing addresses of the incorporators are:

<u>Incorporator Name</u>	<u>Incorporator Address</u>
JOHN J.PASSARO	2015 FISHERMAN BEND,PALM HARBOR,FL.34685

VIII.
Directors

The number of directors constituting the initial Board of Directors of the Corporation is: 1. The name(s) and address(es) of the person(s) who is/are appointed to act as the initial director(s) of the Corporation is/are:

<u>Director Name</u>	<u>Director Address</u>
JOHN J.PASSARO	2015 FISHERMANS BEND,PALM HARBOR,FL.34685

IX.
No Personal Liability

The private property of the stockholders shall not be subject to the payment of corporate debts.

X.
Operating Provisions

The provisions for the operation, regulations, and management of the business and internal affairs of the Corporation shall be as set forth in the Bylaws, which may be amended from time to time by a majority vote of a quorum of the Board of Directors.

XI.
Fiscal Year

The fiscal year of the Corporation shall be from JAN to DEC of each year.

IN WITNESS WHEREOF, we have hereunto set our hands and seals on this, the 20th day of APRIL, 2000.

John Passaw

Incorporator

Having been named as registered agent and accepts service of process for the above stated Corporation at the designated in this certificate.

John Passaw Registered Agent

State of FLORIDA

County of PINELLAS

FILED

00 APR 25 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BEFORE ME, the undersigned authority, on this day personally appeared John Passaro, known to me to be the person described in, and whose name is subscribed to the foregoing document, who on oath stated to me that he/she executed the same for the purposes and consideration therein expressed.

SUBSCRIBED AND SWORN TO BEFORE ME this the 20 day of April, 2000.

Deborah S. Humphrey
Notary Public in and for the
State of

My Commission Expires:



State of FLORIDA

County of PINELLAS

BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the person described in, and whose name is subscribed to the foregoing document, who on oath stated to me that he/she executed the same for the purposes and consideration therein expressed.

SUBSCRIBED AND SWORN TO BEFORE ME this the _____ day of _____, 2000.

Notary Public in and for the
State of _____

My Commission Expires: