

P000000 64788  
TRANSMITTAL LETTER

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

7000003311727--8  
-07/03/00-01115-002  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: SOUTH FLORIDA PACKAGING, INC  
(Proposed corporate name - must include suffix)

FILED  
00 JUL -3 AM 8:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: DAVID BERRONES  
Name (Printed or typed)

37203 SW 209 AVENUE  
Address

HOMESTEAD FLORIDA 33034  
City, State & Zip

305-245-3232  
Daytime Telephone number

F. SHELDON JUL 6 2000

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

# ARTICLES OF INCORPORATION

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

## ARTICLE I NAME

The name of the corporation shall be:

SOUTH FLORIDA PACKAGING, INC

## ARTICLE II PRINCIPAL OFFICE

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

426 NW 9 AVENUE  
HOMESTEAD FLORIDA 33030

## ARTICLE III SHARES

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

100

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

CHARLES R TURNER  
28600 SW 132 AVENUE #12  
HOMESTEAD FLORIDA 33033

## ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

DAVID BERRONES  
37203 SW 209 AVENUE  
HOMESTEAD FLORIDA 33034



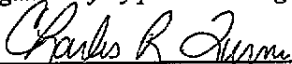
Signature/Incorporator

6-22-00

Date

(An additional article must be added if an effective date is requested.)

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 statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent



Signature/Registered Agent

6-22-00

Date

FILED  
00 JUL -3 AM 8:07  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE