

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H00000035481 1)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

: (850)922-4001 Fax Number

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 : (305)599-0839 Phone : (305)716-0346 Fax Number

FLORIDA PROFIT CORPORATION OR P.A.

POLY-FORMS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

Electronic Filing Menu

FOR POLY-FORMS, INC.

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

ARTICLE I

The name of the corporation shall be: POLY-FORMS, INC.

ARTICLE II

The principal place of business and mailing address of this corporation shall be: 20211 N.E. 10th PLACE, MIAMI, FLORIDA 33179.

ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 20,000

ARTICLE IV

The name and address of the initial Registered Agent is:

J. LESLIE WIESEN 20211 N. E. 10th PLACE MIAMI, FLORIDA 33179

ARTICLE V

The names & street addresses of the incorporators to these Articles of Incorporation are:

J. M. PLANTE 16750 N. E. 14th AVENUE, SUITE 312 NORTH MIAMI BEACH, FLORIDA 33162 J. LESLIE WIESEN 20211 N.E. 10th PLACE MIAMI, FLORIDA 33179

The undersigned incorporators have executed these Articles of Incorporation this 5th day of July, 2000.

By: J. M. PLANTE

By: J. LESLIE WIESEN

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT/REGISTERED OFFICE, IN THE STATE OF FLORIDA.

- 1. The name of the corporation is: POLY-FORMS, INC.
- 2. The name and address of the Registered Agent and office is:

J. LESLIE WIESEN 20211 N. E. 10th PLACE MIAMI, FLORIDA 33179

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 stetutes 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.

J. LESLIE WIESEN

J. Lacke Wiere

(Signature)

715/2000

715/2000

(Date: 37

(Date: FILE D