TRANSMITTAL LETTER 101264

Department of State Division of Corporations

P. O. Box 6327 Tallahassee, FL 323	_	300003440 - 10/26/66 -0 *****87.50	7396)1074004 *****87.50	-
SUBJECT:	PACIFIC DIE PROPOSED CORPORAT	CAST IN ENAME - MUST INCL	C. UDESUFFIX)	
Enclosed is an origin	al and one(1) copy of the article	es of incorporation and	a check for :	٦
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED	
FROM	SOUNTER CITY,		SECRETARY OF STAT	FILE D 00 0CT 26 PM 12: 16
	8(3-855 Daytime To	-9416	ATE 	<u>ਰ</u> ਰ

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

ARTICLES OF INCORPORATION	
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	•
ARTICLE I NAME	FILED
The name of the corporation shall be:	ως. 00 0CT 26 PM I2: 16
PACIFIC DIE CAST, 7	SECRETARY DE STATE
ARTICLE II PRINCIPAL OFFICE	SECRETARY OF STATE TALLAHASSEE, FLORIDA
The principal place of business/mailing address is: 280 SCALLE	
OLDSMAR, F	L 34677
UNDER LIFE FLORIDA CORPORATE	ins AOT.
ARTICLE IV SHARES The number of shares of stock is: A G GRE GATE NUMBER OF A PAR UALLE OF ONE DOWAR (1-00) LE	of SHARES 1,000 WITH MACH.
ARTICLE V INITIAL OFFICERS DIRECTORS (optional)	
The name(s) and address(es): JOHNIE. R. EDENS	_
280 SCARLET BOULEU	ARD
OLDSMAR FL 3467	7
813-855-946	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address of the registered agent is:	
280 SCARLOT BOULEV	ARD
OLDSMAR, FL J46	77
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
TOHNIE. R. EDENS	10.40
280 SCARLET BOULES	NAKO
0LDSPAR FL 346 813-855-9416	F 7
*****	******
Having been named as registered agent to accept service of process for the above stated of certificate, I am familiar with and accept the appointment as registered agent and agree to	corporation at the place designated in this
10001	
JOHNIE R. EDIONY JECOLOS	10-27-00
Signature/Registered Agent	Date