## TRANSMITTAL LETTER

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

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SUBJECT:	DECORATOR PACKAGING			
	(Proposed corpo	rate name - must include su	iffix)	
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		•		
Enclosed is an original	inal and one(1) copy of the articles	s of incorporation and a	check for	
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□ \$70.00	\$78.75	De100.50	[]] oto t o r	
		□\$122.50	\$131.25	
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		ADDITIONAL COPY REQUIRED		
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FROM	: Southwest Profession	al Services of	South Florida	i, Inc.
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NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

## 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:

DECORATOR PACKAGING, INC.

SECRETARY OF STATE ALLAHASSEE, FLORIDA

## ARTICLE II PRINCIPAL OFFICE

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

PO BOX 219 ESTERO FL 33928

### ARTICLE III SHARES

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

1000

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

SOUTHWEST PROFESSIONAL SERVICES OF SOUTH FLORIDA, INC. 13571 MCGREGOR BLVD. #22 FORT MYERS FL 33919

### ARTICLE V INCORPORATOR

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

DAN SERINO

PO BOX 219

VICTORIA SERINO

3OX 219 PO BOX 219

ESTERO FL 33928 ESTERO FL 33928

Wester

Date

Signature/Incorporator

(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

Southwest Professional Services of South Florida, Inc.

Signature/Registered Agent Mitchell Stovring Date