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

900005040179--4

SUBJECT: PRICELESS PACKAGING, 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 . Filing Fee & Certificate

□\$122.50 Filing Fee

& Certified Copy

Filing Fee, Certified Con & Certificate

ADDITIONAL COPY REQUIRED

FROM: E. CRAIG WHITE
Name (Printed or typed)

2136 NE 4th Ct.

BOCA RATON, FL. 33431
City, State & Zip

56/- 368- 0386 Daytime Telephone number

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

D.WHITE MAR - 8 2002

FILED

02 MAR -4 PM 12: 54

ARTICLES OF INCORPORATION

SECRETARY OF STATE TALLAHASSEE FLORIDA

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: PRICELESS PACKAGING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 2/36 NE 4th Ct.

804 RATON, FL. 3343/

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: // 0 0

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are: E. CRAIG WHITE

2/36 NE 426 CL. BOCA RATON, FL. 33431

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are: E. CRAiG WHITE

2/36 NE 4th Ot. BOCA RATON FL. 33431

7. Cim Whit	3-1-02
Signature/Incorporator	Date

E, CRAIG WHITE

(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

obligations of my position as registered agent			
E.Com Wint		1-02	
Signa)ure/Registered Agent		Date	

Z. CRAIQ WHITE