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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0381

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.
PACKAGING SYSTEMS OF MIAMI, INC.

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION
OF
PACKAGING SYSTEMS OF MIAMI, INC.

THE UNDERSIGNED, has executed the following document as incorporator. of the above named corporation, a corporation organized under the laws of the state of Florida and all rights and duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

Article I

The name of the Corporation shall be:

PACKAGING SYSTEMS OF MIAMI, INC.

Article II

This Corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

Article III

This Corporation may engage or transact in any and all lawful activities or business permitted under the laws of the United States, State of Florida, or any other state, country, territory, or nation.

Article IV

The aggregate number of shares which this corporation shall have authority to issue is the total of 100 shares, having an individual value of \$1.00 each, and shall be only Common class of stock of this corporation. The shares shall be issued as follows:

Ellison F. Gaulding 100 SHARES

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In pursuance of Chapter 607.34 Florida Statutes, the following is submitted, in compliance with said act:

First-That PACKAGING SYSTEMS OF MIAMI, INC. desiring to
(name of Corporation)

organize under the laws of the State of Florida with its

principle office as indicated in the Articles of

Incorporation at the COUNTY OF DADE, State of Florida

has named ELLISON P. GAULDING (Name of Registered Agent)

located at 8180 NW 36 ST. STE 100 City of MIAMI, County
(Street Address and number)

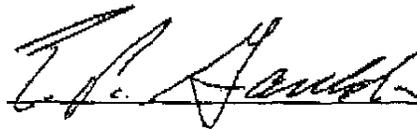
of DADE, State of Florida, as its agent to accept
service of process within this state.

ACKNOWLEDGEMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

Having been named to accept service of process for the above stated corporation, at place designated in this certificate. I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

By:

Signature Registered Agent



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