

# P06000003759

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FLORIDA PROFIT/NON PROFIT CORPORATION**

**PREMIER PROMOTIONAL PRODUCTS, INC**

Certificate of Status	0
Certified Copy	1
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TALLAHASSEE, FLORIDA

## 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: **Premier Promotional Products, Inc.**

### ARTICLE II PRINCIPAL OFFICE/ADDRESS

The mailing address of business of this corporation shall be:  
**908 Riverside Drive  
Tarpon Springs, FL 34689**

### ARTICLE III SHARES

The number of shares of stock this corporation is authorized to have outstanding at any one time is:  
**One-Thousand (1,000) Shares  
Common Stock**

### ARTICLE IV INITIAL REGISTERED AGENT

The name and Florida street address of the initial registered agent are:  
**Paula A. Forgione  
908 Riverside Drive  
Tarpon Springs, FL 34689**

### ARTICLE V INCORPORATOR

The name and mailing address of the incorporator to these Articles of Incorporation are:  
**Paula A. Forgione  
908 Riverside Drive  
Tarpon Springs, FL 34689**

### ARTICLE VI OFFICERS

The officers of the corporation are:  
**Paula A. Forgione: D/P/S  
Anthony Forgione: D/VP/T**

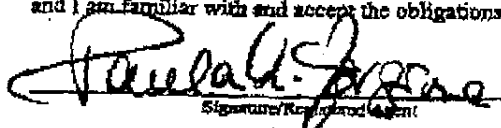
### ARTICLE VII EFFECTIVE DATE

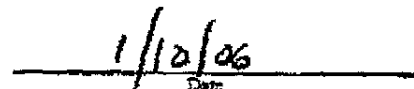
The effective date of the corporation is: **January 1, 2006**

  
Signature/Incorporator

  
Date

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.

  
Signature/Registered Agent

  
Date