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CLERK OF STATE  
TALLAHASSEE, FLORIDA

D. WHITE APR 30 2007

**COVER LETTER**

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

SUBJECT: BANYAN PACKAGING, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: DARRIN DINGMAN  
Name (Printed or typed)

8540 SW 1160th ST.  
Address

Miami, FL 33157  
City, State & Zip

786-201-1047  
Daytime Telephone number

**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

The name of the corporation shall be:

*BANYAN PACKAGING, INC.*

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*8540 SW 160th ST, MIAMI, FL 33157*

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*PACKAGING SUPPLY CHAIN MANAGEMENT AND SOURCING SERVICES.*

## ARTICLE IV SHARES

The number of shares of stock is:

*100*

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

*DARRIN DINGMAN - PRESIDENT  
8540 SW 160th ST  
MIAMI, FL 33157*

## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

*DARRIN DINGMAN  
8540 SW 160th ST  
MIAMI, FL 33157*

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*DARRIN DINGMAN  
8540 SW 160th ST  
MIAMI, FL 33157*

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

\_\_\_\_\_  
Signature/Registered Agent

\_\_\_\_\_  
Signature/Incorporator

*4/23/07*  
\_\_\_\_\_  
Date

*4/23/07*  
\_\_\_\_\_  
Date

FILED  
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CLERK OF STATE  
TALLAHASSEE, FLORIDA