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Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

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From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : T20000000195  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
PLASTICS DISPLAY HOLDINGS INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Doreen Wallace  
Customer Service Specialist  
Corporation Service Company  
800-927-9801 ext. 2928  
[www.cscglobal.com](http://www.cscglobal.com)

**CSC recently launched the new CSCDashboard and CSCNavigator, the unified legal and compliance solution. [Review our](#) step-by-step instructions to help you reach the CSC services you use every day.**

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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME** PLASTICS DISPLAY HOLDING INC.  
The name of the corporation shall be:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
3404 North Miami Avenue  
Miami  
FL 33132

Mailing address, if different is:

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
Real estate investment

**ARTICLE IV SHARES**  
The number of shares of stock is: 300

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Albert E. Donner, Director and President  
Address: c/o Loeb Block & Partners LLP  
505 Park Avenue, 8th Floor  
New York, NY 10022

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: Harry Tchira, Secretary  
Address: c/o Loeb Block & Partners LLP  
505 Park Avenue, 8th Floor  
New York, NY 10022

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: David Jay Leibman, Assistant Secretary  
Address: c/o Loeb Block & Partners LLP  
505 Park Avenue, 8th Floor  
New York, NY 10022

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Corporation Service Company  
Address: 1201 Nays Street  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Bob Batista  
Address: c/o Loeb Block & Partners LLP  
505 Park Avenue, New York, NY 10022

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  
Corporation Service Company

By: Doreen Wallace Assistant Vice President

Required Signature/Registered Agent

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Bob Batista  
Required Signature/Incorporator

January 26, 2011

Date