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COVER LETTER

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

SUBJECT: Advanced Poly-Packaging, Inc.				
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)				
Enclosed are an original and one (1) copy of the article	cles of incorporation an	d a check for:		
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
	ADDITIONAL C	OPY REQUIRED		
FROM: Advanced Poly-Packaging, Inc. Name (Printed or typed)				
Name	(Printed or typed)			
38814 Harbor Woods Place Address				
Lady Lake Florida 44306 City, State & Zip				
330-785-4000 Daytime To	elephone number			
stuart@advancedpoly E-mail address: (to be used	.com I for future annual report	notification)		

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

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I The name of the corp	NAME Advanced Poly-Packagoration shall be:	ging, Inc.	
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing	address, if different is:
. 38	814 Harbor Woods Place		0 Akron, OH 44306
	dy Lake .FL 32159	<u> </u>	·
		- .	
ADDICED III D	rmnoge		
ARTICLE III P	ch the corporation is organized is:		
Professional C			
r rolessional o	orporation		
ADDITION TO CO	NIADEC		
The number of charge	SHARES s of stock is500 Five Hundred Shares		
The number of shares	S OF STOCK IS DOO! I TVO I TAITATOA CHATCO		
	NITIAL OFFICERS AND/OR DIRECTO		
Name and Title	e:Tony D Baker	Name and Title:	
Address:	38814 Harbor Woods Place	Address:	· · · · · · · · · · · · · · · · · · ·
	Lady Lake Florida 32159		
Nome and Title	e:	Name and Title:	
Address:		Name and Title	
Address.			
Name and Title	e:	_ Name and Title:	
Address:		Address:	
		-	
ARTICLE VI	REGISTERED AGENT		
	da street address (P.O. Box NOT acceptable) o	of the registered agent is:	,-
Name:	Tony D Baker	_	
Address:	38814 Harbor Woods Place	_	
	Lady Lake Florida 32159		≥ 92 ±
4 DATA E 1717 - 7	NCORPORATOR		\$\$ %
	ess of the Incorporator is:		
Name:	Tony D Baker		S
Address:			H _C
	684 Woodledge Drive Akron, Ohio 44313	-	
		-	SS E
Having been named	as registered agent to accept service of proce	ss for the above stated cor	poration at the place designated in
this certificate, I am	familiar with and accept the appointment as re	gistered agent and agree to	act in this capticity 💛
1			alit bar
	Dake-	.	9/15/2011
•	Required Signature/Registered Agent		Date
I submit this door	ent and affirm that the facts stated herein ar	a tena I am amona that th	a falsa information submitted in a
	ent and affirm that the facts stated herein arc partment of State constitutes a third degree felor		
accument to the Dep	Summer of Spine constitutes a tima acgree felor	i, as province jor in 3.01%	/ /
- Kal	< /lead		9/15/2011
- frak	Required Signature/Incorporator		9/15/2011 Date