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To:

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

From:

Account Name : HUBCO Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

3/29/22

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Email Address: HUBERTKCPA@optonline.net

FLORIDA PROFIT/NON PROFIT CORPORATION PURE PACKAGING INC

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ARTICLES OF INCORPORATION

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

ARTICLE I The name of the	NAME e corporation shall be:	PURE PACKAGING INC		
<u>ARTICLE II</u> 1109 NE 2ND	PRINCIPAL OFFICE Principal <u>street</u> address	Mailing address, if different is:		
<u>ARTICLE III</u> The purpose fo	<u>PURPOSE</u> r which the corporation is organized is: <u>AN</u>	IY LEGAL OR LAWFUL PURPOSE		
ARTICLE IV The number of	<u>SHARES</u> shares of stock is: 1,500 AT NO PAR VAL	.UE		
	INITIAL OFFICERS AND/OR DIRECT			
Name	and Title: ERIK ROFE - PRESIDENT/DI	Name and Title:		
Addre	ess 1109 NE 2ND AVENUE	Address:		
	DELRAY BEACH, FL 33444			

Name and Title:	Name and Title:	
Address	Address:	
·····		
	Name and Title:	- [2]
Name and Title:		
Address	Address:	2002711222
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Name and	d Title:	Name and Title:	
Address		Address:	
	<u>REGISTERED AGENT</u> orida street address (P.O. Box	NOT acceptable) of the registered agent is:	
Name:	ERIK ROFE	<u> </u>	
Address:	1109 NE 2ND AVENUE		
	DELRAY BEACH, FL 334	44	
<u>ARTICLE VII</u>	INCORPORATOR		
The name and ac	Idress of the Incorporator is:		28
Name	ERIK ROFE		
Address:	1109 NE 2ND AVENU	IE	۔ ب
	DELRAY BEACH, FL	33444	

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

. (OPTIONAL)

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

in Ropi

Required Signature/Registered Agent

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.

Required Signature/Incorporator

MARCH 15, 2022

Date

MARCH 15, 2022

Date