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To:	Division of Congorations		
	Fax Number : (850)617-6381		
	. (450,477 5501		
From:	Account Name : GARY, DYTRYCH & RYAN, P	n x	
	Account Number : Ilaggoood255	·.··	
	Phone : (561)844-3788		
	Fax humber : (561)844-2388		
,,=,,,	annual report da Email Address:	ress for this business entity to be used for future illings. Enter only one exall address please.** gopar@bellsouth.net ROFIT/NON PROFIT CORPORATION	
	FLORIDAT	PacShip, Inc.	
	Certificate of Status	PacShip, Inc.	i)
		PacShip, Inc.	
	Certificate of Status	PacShip, Inc. 0 1 0 03	<u>.</u>

Electronic Filing Menu

Corporate Filing Menu

Help

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

The name of the corpor	E PacShip, Inc.			
<u>ARTICLE II PRIN</u>	· · · · · · · · · · · · · · · · · · ·		Mailing address, if different is:	~
13317 Machia	velli Way	133	317 Machiavelli Way	
Palm Beach G	ardens, FL 33418		m Beach Gardens, FL 3	3418
ARTICLE III PURP The purpose for which	the corporation is organized is: Any and	d all lawful bu	usiness. The corporation	shall
elect to be taxed	d as a "small business corporation	" (S corporat	tion) for income tax purp	oses.

ARTICLE IV SHAR The number of shares of	<u>ES</u> stock is: 1,000			
ARTICLE V INITLA	IL OFFICERS AND/OR DIRECTORS			
	Scott M. Geoghegan - Pres, Dir	Name and Title	:_Elizabeth L. Creech - V	/P
Address	13317 Machievelli Way	Address: 13317 Machiavelli Way		
	Palm Beach Gardens, FL 33418		Palm Beach Gardens, F	L 33418
				
Name and Title:		Name and Title	·	
Address		Address:		
				124 A
Name and Title:		Name and Title:		AF.
Address		Address:	·	
				
			3	<u> </u>
			·	3

		(H240001190	67 3)
Name a	nd Title:	Name and Title:	
Addres			
		_ Auditess.	•
			
ARTICLE VI The name and F	REGISTERED AGENT Porida street address (P.O. Box NOT acceptable) of	f the registered agent is:	
Name:	Alys N. Daniels, Esquire		
Address:	701 U.S. Highway One, Suite 402	•	
711101 0331	North Palm Beach, FL 33408	-	
		-	
ARTICLE VII	INCORPORATOR		
The <u>name and a</u>	ddress of the Incorporator is:		
Name:	Scott M. Geoghegan		
Address:	13317 Machiavelli Way		
	Palm Beach Gardens, FL 33418		
Effective date, if	EFFECTIVE DATE: other than the date of filing:	(OPTIONAL)	
(If an effective d filing.)	ate is listed, the date must be specific and cannot	t be more than five days prior or 90 days after th	ıc
Note: If the date the document's el	inserted in this block does not meet the applicable siffective date on the Department of State's records.	statutory filing requirements, this date will not be li	sted as
Having been nam certificate, I am fo	ned as registered agent to accept service of process for amiliar with and accept the appointment as registere	r the above stated corporation at the place designate of agent and agree to act in this capacity	d in this
A 16	EAST III	4/1/2	/
	Required Signature/Registered Agent		XY
Submit this docu- locument to the D	ument and affirm that the facts stated herein are to Department of Staje constitutes a third degree fetony	rue. I um aware that the faixe information submitte as provided for in \$ \$17.155 E.S.	ted in a
Sans	When H. C	12 12 12 12 12 12 12 12 12 12 12 12 12 1	/
Required Signatur	e/Incolporator	Date 7/-01/76	27
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