

5101 N.W. 21st Avenue, Suite 200, Fort Lauderdale, Florida 33309 Phone (305) 735-8770 • Fax (305) 733-9220

APRIL 3, 1995

STATE OF FLORIDA DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FLORIDA 32314 0:0000001/14483233 -04/05/95--01092--015 \*\*\*\*122.50 \*\*\*\*122.50

GENTLEMEN:

Enclosed please find Articles of Incorporation for ZIP DELIVERY SERVICE, INC., along with our check in the amount of \$122.50 to cover the filing cost of this corporation.

If you have any questions regarding this matter, please contact us at the above address or telephone number.

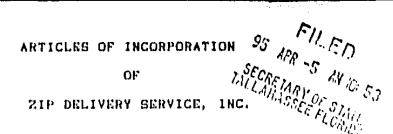
Thank You,

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MARLYS COOPER

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MEGISTER APR 1 0 1995



ZIP DELIVERY SERVICE, INC.

THE UNDERSIGNED SUBSCRIBER TO THESE ARTICLES OF INCORPORATION IS
A NATURAL PERSON, COMPETENT TO CONTRACT, ASSOCIATED TO FORM A
CORPORATION FOR PROFIT UNDER THE LAWS OF THE STATE OF FLORIDA: AND
FURTHER AGREES TO THE FOLLOWING CONDITIONS OF SAID CORPORATION.

#### ARTICLE I: NAME

THE NAME OF THE CORPORATION IS: ZIP DELIVERY SERVICE, INC.

#### ARTICLE II: NATURE OF BUSINESS

THE GENERAL NATURE OF THE BUSINESS AND THE OBJECTS AND PURPOSES PROPOSED TO BE TRANSACTED BY THE CORPORATION, AND THE POWERS AND PRIVILEGES TO BE EXERCISED BY IT SHALL INCLUDE ALL POWERS THAT ARE GIVEN TO THE BODIES CORPORATE UNDER THE STATUTES OF THE STATE OF FLORIDA, AND THE LAWS OF THE UNITED STATES, TOGETHER WILL ALL RIGHTS POWERS AND PRIVILEGES INCIDENT THERETO.

# ARTICLE III: CAPITAL STOCK

THE CAPITAL STOCK OF THE CORPORATION SHALL CONSIST OF ONE HUNDRED (100) SHARES OF A PAR VALUE OF ONE (\$1.00) DOLLAR EACH, WHICH STOCK SHALL BE PAID FOR IN CASH, REAL OR PERSONAL PROPERTY OR IN SERVICES. THE VALUE OF EACH SUCH REAL OR PERSONAL PROPERTY OR SERVICES SHALL BE FIXED BY THE BOARD OF DIRECTORS OF SAID CORPORATION, AND THE STOCK SHALL BE ISSUED ON THE VALUE SO FIXED. ALL STOCK SHALL BE FULLY PAID FOR AND NON-ASSESSABLE.

ARTICLE IV: TERM OF EXISTENCE

THIS CORPORATION SHALL HAVE PERPETUAL EXISTENCE UNLESS IT BE DISSOLVED BY ACTION OF LAW.

ARTICLE V: PLACE OF BUSINESS
INITIAL REGISTERED OFFICE
INITIAL REGISTERED AGENT

THE INITIAL REGISTERED OFFICE AND PLACE OF BUSINESS OF THIS CORPORATION

IN THE STATE OF FLORIDA IS:

PLACE OF BUSINESS

5101 N.W. 21ST. AVE., SUITE 200 FT. LAUDERDALE, FLORIDA 33309

REGISTERED OFFICE

2816 N.W. 48TH STREET FT. LAUDERDALE, FLORIDA 33309

THE INITIAL REGISTERED AGENT IS:

LOUIS ZIPPO

2816 N.W. 48TH STREET

FT. LAUDERDALE, FLORIDA 33309

ARTICLE VI: DIRECTOR

THIS CORPORATION SHALL HAVE TWO DIRECTOR INITIALLY. THE NUMBER OF DIRECTORS MAY BE CHANGED FROM TIME TO TIME AS THE STOCKHOLDERS DESIRE, IN ACCORDANCE WITH THE BY-LAWS HEREOF.

ARTICLE VII: INITIAL DIRECTORS

THE NAME AND STREET ADDRESS OF THE FIRST BOARD OF DIRECTORS IS AS FOLLOWS:

NAME LOUIS ZIPPO ADDRESS
2816 N.W. 48TH STREET
FT LAUDERDALE, FL 33309

BARBARA ZIPPO

2816 N.W. 48TH STREET FT. LAUDERDALE, FLORIDA 33309

## ARTICLE VIII: SUBSCRIBERS

THE NAME AND STREET ADDRESS OF THE SUBSCRIBERS TO THESE ARTICLES OF INCORPORATION IS AS FOLLOWS:

HAME LUUIS ZIPPO ADDRESS 2816 N W 48TH STREET FORT LAUDERDALE, FL 33309

BARBARA 21PPO

2816 N W 48TH STREET FORT LAUDERDALE, FL 33309

## ARTICLE IX: AMENDMENT

THESE ARTICLES OF INCORPORATION MAY BE AMENDED IN THE MANNER PROVIDED BY LAW. EVERY AMENDMENT SHALL BE APPROVED BY THE BOARD OF DIRECTORS, PROPOSED BY THEM TO THE STOCKHOLDERS, AND APPROVED AT A STOCKHOLDERS MEETING BY A MAJORITY OF THE STOCKHOLDERS.

| IN | WITNESS | WHER | EOF, | I ! | HAVE | HEREUNT | SET | MY         | HAND | AND | SEAL     | THIS |       |
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I, LOUIS ZIPPO, THE UNDERSIGNED DO ACKNOWLEDGE THAT I AM

FAMILIAR WITH THE DUTIES AND RESPONSIBILITIES AS A REGISTERED AGENT FOR A

CORPORATION, AND AS SUCH, DO HEREBY ACCEPT AS REGISTERED AGENT FOR

ZIP DELIVERY SERVICE, INC.

Forces By 100 (SEAL)



STATE OF FLORIDA )

OBDE

COUNTY OF BROWARD )

I HEREBY CERTIFY THAT ON THIS DATE, BEFORE ME, A NOTARY PUBLIC DULY AUTHORIZED IN THE STATE AND COUNTY ABOVE NAMED TO TAKE ACKNOWLEDGEMENTS, PERSONALLY APPEARED

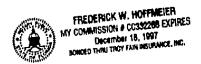
LOUIS ZIPPO

TO ME KNOWN TO BE THE PERSON DESCRIBED AS SUBSCRIBER IN AND WHO DID EXECUTE THE FOREGOING ARTICLES OF INCORPORATION.

WITNESS MY HAND AND OFFICIAL SEAL THIS 3Kd DAY OF

NOTARY PUBLIC -STATE OF FLORIDA

MY COMMISSION EXPIRES:



| STATE  | OF | FLORIDA | )    |
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|        |    |         | ) लव |
| COUNTY | ΟF | BROWARD | )    |

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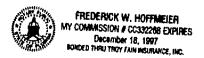
## BARBARA ZIPPO

TO ME KNOWN TO BE THE PERSON DESCRIBED AS SUBSCRIBER IN AND WHO DID EXECUTE THE FOREGOING ARTICLES OF INCORPORATION.

OF

|   | WITNESS | MA HVND | AND O         | FFICIAL | SEAL | THIS_ | 3201 | _DAY |
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MY COMMISSION EXPIRES:



NOTARY PUBLIC -STATE OF FLORIDA

STATE OF FLORIDA

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COUPSE OF BROWARD

I HEREBY CERTIFY THAT ON THIS DATE, DEFORE ME, A NOTARY PUBLIC, DULY AUTHORIZED IN THE STATE AND COUNTY ABOVE NAMED TO TAKE ACKNOWLEDGEMENTS, PERSONALLY APPEARED

LOUIS ZIPPO

TO ME KNOWN TO BE THE PERSON DESCRIBED AS REGISTERED AGENT AND WHO DID HEREBY ACCEPT AS REGISTERED AGENT.

WITNESS MY HAND AND OFFICIAL SEAL THIS 22. DAY OF

NOTARY PUBLIC - STATE OF FLORIDA

MY COMMISSION EXPIRES:

