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5/22/95 FLORIDA DIVISION OF CORPORATIONS 12:34 AM
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TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: CORPORATE CREATIONS MIAMI
4437 SHERIDAN AVE
MIAMI BEACH FL 33140-0000
CONTACT: JOSEPH MATA
PHONE: (305) 538-9091
FAX: (305) 538-8994

(((H95000005696))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: P.A.C., INC.

FAX AUDIT NUMBER: H95000005696 CURRENT STATUS: REQUESTED
DATE REQUESTED: 05/22/1995 TIME REQUESTED: 12:34:10
CERTIFIED COPIES: 0 CERTIFICATE OF STATUS: 1
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95 MAY 23 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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W- 10827

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

May 23, 1995

CORPORATE CREATIONS MIAMI

MIAMI BEACH, FL

SUBJECT: P.A.C., INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name DOES NOT constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

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Loria Poole
Corporate Specialist

FAX Aud. #: H95000005696
Letter Number: 395A00026214

Division of Corporations - P.O. Box 6327 - Tallahassee, Florida 32314

Articles of Incorporation
of
P.A.C. Holdings, Inc.

Article I. Name

The name of this Florida corporation is P.A.C. Holdings, Inc.

Article II. Address

The mailing address of the Corporation is:

P.A.C. Holdings, Inc.
17 NW 136th Avenue
Miami, FL 33182

Article III. Capital Stock

The Corporation shall have the authority to issue 2000 shares of common stock, par value $.01 per share.

Article IV. Registered Agent

The name and address of the registered agent of the Corporation is:

Robert Rodriguez
Rodriguez & Quincoces, P.A.
782 North LeJeune Road, Suite 541
Miami, FL 33126

Article V. Board of Directors

The affairs of the Corporation shall be managed by a Board of Directors consisting of no less than one director. The number of directors may be increased or decreased from time to time in accordance with the Bylaws of the Corporation. The election of directors shall be done in accordance with the

Bylaws. The directors shall be protected from personal liability to the fullest extent permitted by law. The name of each initial member of the Corporation's Board of Directors is:

Antonella Olivieri

Article VI. Incorporator

The name and address of the incorporator is:

Corporate Creations International Inc.
4437 Sheridan Avenue
Miami Beach, FL 33140

Article VII. Corporate Existence

The corporate existence of the Corporation shall begin effective as of May 23, 1995.

The authorized representative of the incorporator executed these Articles of Incorporation on May 23, 1995.

Corporate Creations International Inc.

By: Joseph P. Mata
Joseph P. Mata, Secretary

Corporate Creations International Inc.
4437 Sheridan Avenue
Miami Beach, FL 33140
(305) 672-0686

H95000005896

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

CORPORATION:
P.A.C. Holdings, Inc.

REGISTERED AGENT:
Robert Rodriguez
Rodriguez & Quinoones, P.A.
782 North LeJeune Road, Suite 541
Miami, FL 33126

I agree to act as registered agent to accept service of process for the corporation named above at the place designated in this Certificate. I agree to comply with the provisions of all statutes relating to the proper and complete performance of the registered agent duties. I am familiar with and accept the obligations of the registered agent position.

Robert Rodriguez

Date: May 23, 1995

Corporate Creations International Inc.
4427 Sheridan Avenue
Miami Beach, FL 33140
(305) 672-0686

H95000005896

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 OCT -8 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To Department of State

1. Name and Mailing Address of Corporation: DOCUMENT #

P.A.C. HOLDING, INC., a Florida corporation
17 N.W. 136 Avenue
Miami, FL 33182

P95000040765

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address ______
Address ______
City and State ______
Zip Code ______

3. Date Incorporated or Qualified To Do Business in Florida: 5/23/95

4. FEI Number: 65-0586319

FEI Number Applied For
FEI Number Not Applicable

5. $8.75 Additional Fee for a Certificate of Status
CERTIFICATE OF STATUS DESIRED ☐

6. Names and Street Addresses of Each Officer and/or Director

Title 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Number(s)) 3	City and State 4
D	Antonella Olivieri	17 N.W. 136 Ave.	Miami, FL 33182

400001970004
-10/10/96--01011--004
****375.00 ****375.00

REINSTATEMENT

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

Robert Rodriguez
782 N. LeJuene Road, Suite 541
Miami, FL 33126

8. Name and Address of New Registered Agent and/or Office

Name: Antonella Oliviera
Street Address (Do NOT Use P.O. Box Number): 17 N.W. 136 Avenue
Street Address (Do NOT Use P.O. Box Number):
City and State: Miami, FL.
Zip: 33182

9. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent ______ Date ______
REGISTERED AGENT MUST SIGN

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Officer or Director ______ Date ______ Daytime Phone # ______

Typed or printed name of signing officer or director ______