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

for:

700002007097---1 -02/13/37--01082--019 *****78.75 ******78.75

SUBJECT: AUTOMATED PACKAGING SOLUTIONS, INC
(Proposed corporate name - must include suffix)

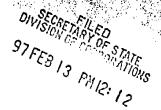
Enclosed is an original and one (1) copy of the articles of incorporation and a check

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\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Cop	\$131.25 Filing Fee, Certified Copy & Certificate y Required	97 FEB JIVISION	;;; []
FROM:		TORTAT	ADA	CF CF	CEN
	5311 Potosi WAY Address		PN 12: 01		
		o L.M., F.L. 3 ty, State & Zip	2504	<i>.</i>	
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NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION



The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

AUTOMATED PACKAGING SOLUTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5311 POTOSI WAY PENSACOLA, FL 32504

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

ROBERT TORTAJADA
5311 POTOSI WAY
PENSACOLA, FL 32504

INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

RUBERT TORTAJADA SR 5311 POTOSI WAY PENSACOLA, FL 32504

RUBERT TORTATABA JR 1767 HERITAGE BLUD. # 4204 # TALLAHASSEE, FL 32308

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

13 day of FEBRUARY , 19 97 .

(An additional article must be added if an effective date is requested.)

Signature

Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	ANTOMATIO PACKAGING	SOLUTIONS, INC
2. The name and address of the reg	gistered agent and office is:	
ROBLET	TORTATADA (NAME)	
<u>5311 Po</u> (P.O.	DOS / WAY Box of Mail Drop Box NOT ACCEPTABLE)	
DFUSA	colA . Fl 32504	

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(CITY/STATE/ZIP)

(SIGNATURE) 2/13/97
(DATE)