P970000/8391

Requestor's Name 5454 Harbour Castle
Address FT myero 33907
City/State/Zip/ Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. (Corporation Name) (Document #) 2. (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time Certified Copy ☐ Walk in Photocopy Mail out Certificate of Status Will wait NEW FILINGS AMENDMENTS Profit Amendment Resignation of R.A., Officer/Director 900002079999--6 -02/06/97--01043--012 ******70.00 ******70.00 NonProfit Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal W97- 3180 Other Merger REGISTRATION/ OTHER FILINGS OUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other

Examiner's Initials
1 PAEGISTER FEB 2 7 1997.



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

February 7, 1997

RICHARD WEATHERFORD 5454 HARBOUR CASTLE FT MYERS, FL 33907

SUBJECT: PRODUCT QUEST, INC. Ref. Number: W97000003180

We have received your document for PRODUCT QUEST, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6904.

Freida Chesser Corporate Specialist

Letter Number: 297A00006698

ARTICLES OF INCORPORATION

97 FEB 27 AM 9:09 SECRETARY OF STATE TALLAHASSEE. FLORIDA

OF

ARTICLE I NAME

The name of the corporation shall be: New Plastic Products, Inc.

ARTICLE II PRINCIPAL OFFICE

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

5454 Harbour Castle Dr.

Ft. Myers, Fl. 33907

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 300.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Richard P. Weatherford

5454 Harbour Castle Dr.

Ft. Myers, Fl 33907

ARTICLE V INCORPORATOR

The name and street address of each of the incorporators to these Articles of Incorporation is:

DavidBarton

5718 Driftwood Pkwy

Cape Coral, Fl.

Richard P. Weatherford

5454 Harbour Castle Dr.

Ft. Myers, Fl. 33907

The undersigned has executed these Articles of Incorporation this $\underline{\hspace{1cm}}$ day of $\underline{\hspace{1cm}}$ 19 $\underline{\hspace{1cm}}$.

,Incorporator

, Incorporator

, Incorporator

CERTIFICATE OF DESIGNATION

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:

New Plastic Products Inc.

2. The name and address of the registered agent and office is:

Richard P. Weatherford

5454 Harbour Castle Dr.

Ft. Myers, Fl. 33907

Signature: Qpuntal

Title: Channan

Date: 2-4-97

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.

Signature: Rome Date: