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TRANSMITTAL LETTER

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Department of State	
Division of Corporations P.O. Box 6327	
Tallahassee FI 32314	,
SUBJECT: LOWER KEYS PACKAGING 5	ERVICE INCOIPURATED
Proposed Corporate Name	
	7 9
	70
	FILED PR
Enclosed is an original and one copy of the Articles of Incor	
registered agent, and a check for \$70.00. Please return one cop	by of the Articles stamped
with the filing date.	D'
FROM:	
JASON WriGHU	
Name (print or type)	
2607 Flabler Ave.	
Address	
KEY WEST F1, 33040	
City, State, Zip	
(305) 304-1495	
Area Code and Phone Number (Daytime)	MAY 2 - 1997
	1997

ARTICLES OF INCORPORATIO ARTICLES OF INCORPORATION

OF

LOWER KEYS LACKAGING SERVICE INCORPORATED

(Name of Corporation)

The undersigned incorporator, for the purpose of forming a corporation under the lorida Business Corporation Act hereby adopts the following Articles of Incorporation Florida Business Corporation Act, hereby adopts the following Articles of Incorporation. The name of the corporation shall be: LOWER KEYS FACEAGING SHYVICE **ARTICLE 1: NAME** ARTICLE 2: PRINCIPAL PLACE OF BUSINESS The principal place of business of this corporation shall be (give street address and zip code): 1711 Washington st. KEYWEST, Fl. 33040 **ARTICLE 3: SHARES** All stock issued by this Corporation shall be common voting stock of a single class. The number of shares of stock that this corporation is authorized to have outstanding at any ARTICLE 4: INITIAL REGISTERED AGENT AND REGISTERED OFFICE whose registered office is located at the place of business stated in Article 2 above. ARTICLE 5: INCORPORATOR The name and street address of the incorporator to these Articles of Incorporation is: JASON Wr. GAT 2607 FLAGIER ANG KEYWEST, FL. 33040 The undersigned incorporator has executed these Articles of Incorporation this 46 Day of April 1997 Articles of Incorporation Filing Fee — \$35.00

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to Florida law, 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/professional association is: Lange KEYS
PACKAGING SERVITE INCORPORATED
2. The name and address of the registered agent and office is:
DANIEL L. LARDI
Full name
1711 Washington St.
Address (P.O. Box not acceptable)
KEY WEST, FL. 33040
City, State, and Zip
U T
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 OF REGISTERED AGENT
4. 27- 97 DATE

Designation of Registered Agent Filing Fee — \$35.00