

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

500002582815--8

-07/08/98--01049--004

\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. DANGEROUS GOODS PACKAGING AND DISTRIBUTORS  
(Corporation Name) (Document #)

2. CORP.  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☒ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

98 JUL - 8 PM 1:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

98 JUL - 8 AM 11:10  
DIVISION OF CORPORATION

FILED

RECEIVED

Examiner's Initials

FILED

98 JUL -8 PM 1:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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:

DANGEROUS GOODS PACKAGING AND DISTRIBUTORS, CORP.

### ARTICLE II PRINCIPAL OFFICE

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

6921 N. W. 87th. Avenue,  
MIAMI, FLORIDA 33178

### ARTICLE III SHARES

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

1,000 SHARES OF COMMON STOCKS; \$ 1.00 PAR VALUE

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the Initial registered agent is:

ALFREDO SILVA  
6921 N. W. 87th. Avenue  
MIAMI, FLORIDA 33178

ARTICLE V INCORPORATOR(S)

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

ALFREDO SILVA  
6921 N. W. 87th. Avenue,  
MIAMI, FLORIDA 33178

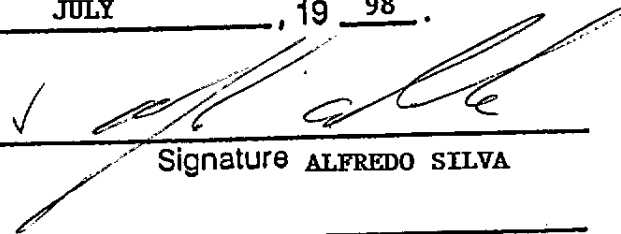
ARTICLE VI DIRECTOR(S)

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

ALFREDO SILVA - DIRECTOR/PRESIDENT : 6921 N. W. 87th. Avenue, MIAMI, FLORIDA.-  
FRED ROMERO -DIRECTOR/SEC/TRASURER : 1651 N. W. 68th. Avenue, Suite 201,  
MIAMI, FLORIDA.-

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

1st. day of JULY, 19 98.

✓   
\_\_\_\_\_  
Signature ALFREDO SILVA  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Signature

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: \_\_\_\_\_

" DANGEROUS GOODS PACKAGING AND DISTRIBUTORS, CORP. "

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

ALFREDO SILVA  
(NAME)

6921 N. W. 87th. Avenue,  
(P.O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33178  
(CITY/STATE/ZIP)

98 JUL -8 PM 1:47  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 \_\_\_\_\_

DATE JULY - 1 - 1998