P99000025527 Requestor's Name

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| PAY CORPORA | JROSA & ASSOCIATES, IL 7310 W. MCNAB ROAD SUITE 2 TAMARAC, FL 33321-5328 PH. 954-724-8310 TION NAME(S) & DOCUMEN | Office Use Only | |
|--|--|--|--|
| 1. <u>Ir</u> 2 | (Corporation Name) (Corporation Name) | (Document #) (Document #) | |
| 4 Walk in Mail out | (Corporation Name) Pick up time Will wait Photo | (Document #) Certified Copy Certificate of Status SSECTE TARY Cocopy Certificate of Status SSECTE TARY | |
| Profit NonProfit Limited Liability Domestication Other | AMENDMENTS Amendment Resignation of R.A., Offi Change of Registered Ag Dissolution/Withdrawal Merger | icer/Director PM 3: 15 | |
| Annual Report Fictitious Name Name Reservation | REGISTRATION QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other | 700002812397 -03/19/9901003- *****70.00 ***** PMC/9/99 | |

Examiner's Initials

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99 MAR 19 PM 3: 14

SECRETARY OF STATE
TALLAHASSEE. FLORIDA

ARTICLES OF INCORPORATION OF

INTERSTATE GRAPHICS, INC.

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

The name of the corporation shall be:

INTERSTATE GRAPHICS, INC.

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

39 BARBERTON ROAD LAKE WORTH, FLORIDA 33467

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

100

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

ANTHONY C. RONDONE

ARTICLE V-INCORPORATORS

| The name | s and addre | ess of the | e person (s) sig | ming these Articles | of | | _ |
|---------------|------------------|---------------------|------------------|-----------------------------------|--|---------------------------------------|--------------|
| Incorpora | tion are as | follows: | | | | | |
| Name | ANTHON | Y C. R | ONDONE | | | - | |
| Address | 39 BAR | BERTON | ROAD | | | | |
| City | LAKE W | ORTH | State FL | Zip_33467 | | | , = |
| | | | | | | | |
| Name | | | - 4.00 | | <u> </u> | m | _ • |
| Address | | | | | <u> </u> | | |
| City | | | State | Zip | | | |
| | | | | <u>.</u> - | | | |
| Name | | | | | | | y <u>Jan</u> |
| Address | | | | | <u></u> | | S. 10 F |
| City | | | State | Zip | | - | . 35 |
| Th 1 11 11 11 | | | | | | | |
| IN WIT | NESS WH | EREOF, | the undersign | ned subscriber (s) ha | ive executed- | · · · · · · · · · · · · · · · · · · · | |
| these A | rticles of In | согрога | tion this 2 d | ay of <u>FEB</u> , 199 <u>9</u> . | | - | , |
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| | | | | | (Seal) | | + |
| | | | | | (Seal) | | |
| | | | | | | | |
| STATE | | rida | _) SS | | | | _ |
| COUN | TY OF <u>Bro</u> | ward | _) . | | | | |
| | | | | | | | |
| Before | me, a Not | ary Publi | ic authorized t | o take acknowledge | ments in | | |
| the St | ate and Co | unty set | forth above, pe | ersonally appeared | | | |
| | | | ONDONE | | | | - |
| | | | - 18 am Habita | | ====================================== | - · · · - · · | - |
| know | n to me and | i known | to be the perso | on (s) who executed | the foregoing | ·- | |
| Articl | es of Incor | poration, | , and who ackr | nowledged before m | e that | • | |
| execu | ited these A | Articles of | of Incorporatio | n. | | • . | |
| | | | • | | | | |
| IN W | TINESS W | /HEREC | F, I have here | eunto affixed my ha | nd and seal | | |
| in the | State and | County a | foresaid this | 2 day of FEB, i | 99 9 | | |
| | | • | | <u></u> | | | |
| | | | 74/10 KOV | 11/10/20-An | value | - | - |
| | | $\overline{\alpha}$ | Notary Public | State of Florida at I | drae) | | |
| | | (- | 1 1 10110, | ome or riorida at i | erec) | | |
| (Nota | ry Seal) | | | | | | |

My Commission expires: 2 Pri 126, 200 Z



| B. Officers: | | | |
|------------------------|--|-----------------------|---------------------------------------|
| President: Address: | ANTHONY C. RONDONE | | |
| Address: | 39 BARBERTON ROAD | | |
| ´ - | LAKE WORTH, FL 33467 | | |
| Vice President: | | | |
| Address: | | <u></u> | _ 귷.' |
| - 144.000. | | | |
| - | | | · · · · · · · · · · · · · · · · · · · |
| Secretary: | | | |
| Addres's: | | | |
| _ | | | |
| | | | |
| Treasurer: | | | ÷ Tri |
| Address: | | | 7-1 - |
| _ | the state of the s | | |
| | | | - |
| (If needed, you r | nay attach an addendum to the application li | isting | |
| additional office | ers and/or directors.) | _ | |
| 10 37 | | | |
| 10. Name and S | Street address of Florida registered agent: | | = |
| | A.T. | | |
| 0654 | Name: ANTHONY C. RONDONE | | • • |
| Office A | | <u> </u> | · · · · · · · · · · · · · · · · · · · |
| | LAKE WORTH, FL 33467 | | · · · · · · · · · · · · · · · · · · · |
| 11 Remistered | City Zip Code agent's acceptance: | | |
| 11. Registered | agent's acceptance: | | |
| Having hear | n namad as registered and the | | |
| of process f | n named as registered agent and to accept se | ervice | |
| in this appli | or the above stated corporation at the place of | designated | |
| and agree to | cation, I hereby accept the appointment as re | egistered agent | |
| and comple | comply with the provisions of all statutes re | elative to the proper | |
| the obligation | te performance of my duties, and I am famil | tar with and accept | |
| Parietared | ons of my position as registered agent. | _ | |
| 12. Attached is | agent's signature: | | |
| 12. Attached is | a certificate of existence duly authenticated, | , not more than | |
| 90 days pri | or to delivery of this application to the Depa | rtment of State, | |
| by the Secr | etary of State or other official having custod | ly of comorata | |
| records in t | he jurisdiction under the law of which it is in | ncorporated. | |
| 13. | <u> </u> | | · . <u></u> . |
| (Signature | of Chairman, Vice Chairman, or any officer | listed in number 9 | |
| or the appr | ication) | | |
| 14. | | - | :≒ |
| (Nam | ne and capacity of person signing application | 1) | , , |

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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: |
|----|---|
| 2. | The name and address of the registered agent and office is: |
| | ANTHONY C. RONDONE |
| | (Name) 39 BARBERTON ROAD |
| | (P.O. Box NOT acceptable) LAKE WORTH, FL 33467 |
| | (City/State/Zip) |
| | Signature |
| | Title PRESIDENT |
| | Date FEB 2, 1999 |

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 performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature

Date FEB 2, 1999

REGISTERED AGENT FILING FEE: \$35.00