Florida Department of State

Division of Corporations **Public Access System** Katherine Harris, Secretary of State

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Division of Corporations

Fax Number

: (850)922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335

Phone : (305)599-0839

Fax Number : (305)716-0346 ₹

FLORIDA PROFIT CORPORATION OR P.A.

MACPAK INC.

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Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

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MACPAK INC.

ARTICLE I NAME

The name of the corporation shall be: MACPAK INC.

ARTICLE II PRINCIPAL OFFICE

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

2506 DELAWARE AVE.

FT PIERCE FL 34947

ARTICLE III CAPITAL STOCK

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

500 (FIVE HUNDRED) SHARES

Prepared by: Triple Check Income Tax Service 2506 Delaware Ave Ft Pierce FL 34947 (561)461-5987 99 APR 21 M 9: OC SECRETARY OF STATE TALLAHASSEE, FLORIDI

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ARTICLE IV INITIAL REGISTERED AGENT AND ADDRES	98
The name and address of the initial registered age	ent is
DARLENE MCNAMARA	
2506 DELAWARE AVE	
FT PIERCE FL 34947	
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ARTICLE V INCORPORATOR

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

DARLENE MCNAMARA	
2506 DELAWARE AVE	
FT PIERCE FL 34947	

The undersigned has executed these Articles of Incorporation this 20th day of April 1999.

DARLENE MCNAMARA, 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:

	PHICPAR INC.	
2. office	DARLENE MCNAMARA	nt and
	2506 DELAWARE AVE	
	FT PIERCE FL 34947	
Signat: Title:	INCORPORATOR	 .
Date: .	4/20/99	
7.77	INVINO DODI WANDS AS SESSEEMEN A ARMS	

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 FAMILLAR WITH AND ACCEPT THE OBLICATIONS OF MY POSITION AS REGISTERED AGENT.

Signature: Darlene Mc Namaras

Date: 4/20/99

99 APR 21 MM 9: 00
SECRETARY OF STATE