

799000058728

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

400002916704--2
-06/28/99--01052--001
*****78.75 *****78.75

Envision Packaging Inc.

SUBJECT:

(Proposed corporate name - must include suffix)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

Name (Printed or typed)

Dr. Murray Cohen

Address

2060 Northeast 153 Street

City, State & Zip

North Miami Beach, FL 33162

Daytime Telephone number

(305) 940-0962

FILED
99 JUN 28 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

T BROWN JUN 29 1999

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: **Envision Packaging Inc.**

ARTICLE II PRINCIPAL OFFICE

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

2060 N. E. 153 Street, North Miami Beach, FL 33162

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent is:

**Dr. Murray Cohen
2060 Northeast 153 Street
North Miami Beach, Florida 33162**

ARTICLE V INCORPORATOR

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

**Dr. Murray Cohen
2060 Northeast 153 Street
North Miami Beach, Florida 33162**




Signature/Incorporator

6-25-99

Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

6-25-99

Date

FILED
99 JUN 28 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA