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Florida Department of State  
Division of Corporations  
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Katherine Harris, Secretary of State

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To:

Division of Corporations  
Fax Number : (850)922-4001

From:

Account Name : MASTRIANA & CHRISTIANSEN, P.A.  
Account Number : I19990000141  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FLORIDA PROFT CORPORATION OR P.A.**

**Bird's Eye Graphics, Inc.**

Certificate of Status	1
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Estimated Charge	\$87.50

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**ARTICLES OF INCORPORATION**

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*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:

Bird's Eye Graphics, Inc.

**ARTICLE II PRINCIPAL OFFICE**

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

1500 N. Federal Highway, Ste. 203  
Fort Lauderdale, Florida 33304

**ARTICLE III SHARES**

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

100 shares of common stock having \$1.00 par value per share

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

F. Ronald Mastriana  
1500 N. Federal Highway, Ste. 200  
Fort Lauderdale, Florida 33304

**ARTICLE V INCORPORATOR**

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

F. Ronald Mastriana  
Mastriana & Christiansen  
1500 N. Federal Highway, Ste. 200  
Fort Lauderdale, Florida 33304

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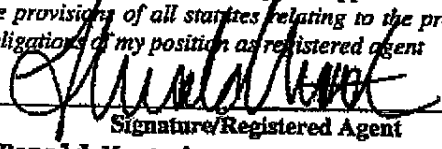
  
Signature/Incorporator

11-9-99  
Date

F. Ronald Mastriana

(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

11-9-99  
Date

F. Ronald Mastriana

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