

P/3000061441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

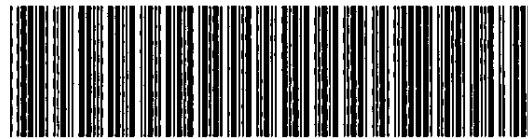
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/19/13--01022--003 **70.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

YMD 7/24

COVER LETTER

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

SUBJECT: K SIGNS & ALUMINUM INC.

(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 of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: NORMAN EDWARDS

Name (Printed or typed)

833 LILY STREET

Address

SEBRING, FL 33875

City, State & Zip

863 441-0050

Daytime Telephone number

MICHAELQ5@LIVE.COM

E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be: K SIGNS & ALUMINUM INC

ARTICLE II PRINCIPAL OFFICE
Principal street address

833 LILY STREET
SEBRING, FL 33875

Mailing address, if different from:

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: PROFESSIONAL CORPORATION

ARTICLE IV SHARES
The number of shares of stock is: 1000 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NORMAN EDWARDS PRESIDENT Name and Title: _____
Address: 833 LILY STREET Address: _____
SEBRING, FL 33875

Name and Title: DAVID A. MYERS VICE PRESIDENT Name and Title: _____
Address: 833 LILY STREET Address: _____
SEBRING, FL 33875

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

(cont.)

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: NORMAN EDWARDS
 Address: 833 LILY STREET
SEBRING, FL 33875

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 TALLAHASSEE, FLORIDA

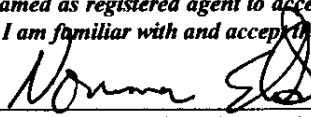
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ARTICLE VII INCORPORATOR

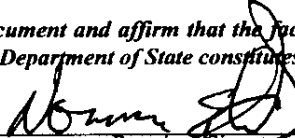
The name and address of the Incorporator is:

Name: NORMAN EDWARDS
 Address: 833 LILY STREET
SEBRING, FL 33875

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

 7/15/13
 Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

 7/15/13
 Required Signature/Incorporator Date