

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALL KINDS OF SIGNS, INC

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Name of Person
PEARL & ASSOCIATES LAW, P.A.

Firm/Company
1172 S. DIXIE HIGHWAY #163

Address
CORAL GABLES, FL 33146

City/State and Zip code

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

For further information concerning this matter, please call:

Name of Person 305 905-1518
at ()

Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

ALL KINDS OF SIGNS, INC.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

ALL KINDS OF SIGNS ADVERTISING, INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK 3. 46-2369829
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3/20/2013 5. N/A
(Date of incorporation) (Date of duration, if other than perpetual)

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3109 GRAND AVENUE, SUITE 537, MIAMI FL 33133
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

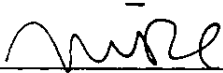
Name: Pearl & Associates Law, PA

Office Address: 1172 S. Dixie Highway #163

Coral Gables, Florida 33146
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

2016 SEP 19 PM 12:32
FILED
STATE DEPT. OF STATE
ALBANY, N.Y. 12242

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Nicole Pearl

Address: 3901 Grand Avenue, Suite 537

Miami, FL 33133

Director: Susan Pearl

Address: 3901 Grand Avenue, Suite 537

Miami, FL 33133

B. OFFICERS

President: Nicole Pearl

Address: 3901 Grand Avenue, Suite 537

Miami, FL 33133

Vice President: Susan Pearl

Address: 3901 Grand Avenue, Suite 537

Miami, FL 33133

Secretary: Susan Pearl

Address: 3901 Grand Avenue, Miami, FL 33133

Treasurer: Susan Pearl

Address: 3901 Grand Avenue, Miami, FL 33133

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Nicole Pearl _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Nicole Pearl, President _____

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**State of New York
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of ALL KINDS OF SIGNS, INC. was filed on 03/20/2013, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.



FILED
2016 SEP 19 PM 12:32
SECRETARY OF STATE
TALAHASSEE, FLORIDA

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 13th day of September two
thousand and sixteen.*

Anthony Scardino

Executive Deputy Secretary of State