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TRANSMITTAL LETTER

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

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-07/03/00--01071--022
*****87.50 *****87.50

SUBJECT: Poster Nation, Inc.
(Proposed corporate name - must include suffix)

Enclosed is 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: Steve Richardson
Name (Printed or typed)

18506 Turtle Drive
Address

Lutz, FL 33549
City, State & Zip

(813) 948-3900
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 JUL -3 PM 2:00

FILED

F. CHESSEN JUL 5 2000

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

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:

Poster Nation, Inc.

ARTICLE II PRINCIPAL OFFICE

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

3925 American Plaza Blvd
Suite A-7
Land 'O Lakes, FL 34639

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Steve Richardson
18506 Turtle Drive
Lutz, FL 33549

ARTICLE V INCORPORATOR

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

Steve Richardson
18506 Turtle Drive
Lutz, FL 33549



Signature/Incorporator

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

Date

FILED
00 JUL -3 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA