

P000000091536

Florida Department of State  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State

---

Electronic Filing Cover Sheet

---

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H00000050685 7)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

---

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

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

---

**FLORIDA PROFIT CORPORATION OR P.A.**

**BLUE SIGNAL, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 SEP 28 AM 10:15

B. McKnight SEP 28 2000



**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
**Secretary of State**

September 26, 2000

FAS-T

SUBJECT: BLUE SIGNAL, INC.  
REF: W00000023347

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

You must list the corporation's principal office and/or a mailing address in the document.

If you have any further questions concerning your document, please call (850) 487-6931.

Becky McKnight  
Document Specialist

FAX Aud. #: H00000050685  
Letter Number: 500A00050489

ARTICLES OF INCORPORATION  
OF  
*Blue Signal, Inc.*

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Article of incorporation.

ARTICLE I NAME

The name of the corporation shall be: *Blue Signal, Inc.*

The principal place of business of this corporation shall be: *6910 Main Street # 251, Miami Lakes, FL 33014.*

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: *1000 shares.*

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

*Gemma Llanes*  
*6910 Main Street*  
*# 251*  
*Miami Lakes, FL 33014.*

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of Incorporation is(are):

Gemma Llanes

6910 Main Street

# 251.

Miami Lakes, FL 33014.

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this, 21<sup>st</sup> day of September 2000

Signature(s) of Incorporator(s)

Gemma Llanes

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation:

Blue Signal, Inc.

2. The name and address of the registered agent and office is:

Gemma Lanes 6910 Main Street Ste #251

(P.O. BOX NOT ACCEPTABLE)

Miami Lakes, FL 33014  
 (CITY/STATE/ZIP)

SIGNATURE Gemma Lanes

TITLE Pres.

DATE 9/27/00

SEP 28 AM 10:15  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THE CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE Gemma Lanes

DATE 9/26/00