

# TRANSMITTAL LETTER

P 02000106251

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

800008095358-- 3  
-09/30/02--01030--002  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

**SUBJECT:** S.I.G.VENTURES, 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:** V. Balletto & Associates, Inc.  
Name (Printed or typed)

3956 Town Center Blvd., #165  
Address

Orlando, FL 32837  
City, State & Zip

(407) 248-9877  
Daytime Telephone number

DEPT. OF STATE  
TALLAHASSEE, FLORIDA

2002 SEP 30 PM 3:13

**FILED**

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

10/2/02

# 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:

**S.I.G. VENTURES, INC.**

## ARTICLE II PRINCIPAL OFFICE

The principal place of business is:

**5334 CENTRAL FLORIDA PARKWAY, #194  
ORLANDO, FL 32821**

and mailing address is:

**PO BOX 691763  
ORLANDO, FL 32869-1763**

## ARTICLE III SHARES

The number of shares of stock is:

**100**

## ARTICLE IV INITIAL OFFICERS/DIRECTORS

The name(s), address(es) and titles(s):

**BARRETT SNYDER, PRESIDENT, TREASURER, DIRECTOR  
2501 S MILLS AVENUE  
ORLANDO, FL 32806**

**PAUL IVEY, VICE PRESIDENT, DIRECTOR  
2318 MAYER STREET  
ORLANDO, FL 32806**

**JAMES GIBSON, SECRETARY, DIRECTOR  
4732 OLIVE BRANCH ROAD, #1208  
ORLANDO, FL 32811**

## ARTICLE V REGISTERED AGENT

The name and Florida street address of the registered agent is:

**AVICHAH AVNI  
5334 CENTRAL FLORIDA PARKWAY, #194  
ORLANDO, FL 32821**

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**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

ARTICLE VI INCORPORATOR

The name and address of the Incorporator is:

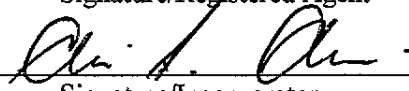
AVICHAH AVNI  
5334 CENTRAL FLORIDA PARKWAY, #194  
ORLANDO, FL 32821

\*\*\*\*\*

*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*

  
\_\_\_\_\_  
Signature/Registered Agent

9/26/02  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

9/26/02  
\_\_\_\_\_  
Date

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STATE OF FLORIDA  
TALLAHASSEE