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(Requestor's Name)	
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PICK-UP WAIT MAIL	
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SECRETARY OF GRAVE ALLAHASSEE FLORIOA

Original

#### TRANSMITTAL LETTER

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

SUBJECT: SHOWTIME GRAPHICS, INC.

(Proposed corporate name-must include suffix)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for

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

FROM:

**NEIL J. NILSEN** 

Name (printed or typed)

9751 MARLINTON LANE

(Address)

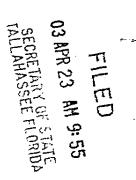
PORT RICHEY, FL 34668

(City/State//Zip)

(727) 819-1661

(Day time telephone number)

NOTE: Please provide the original and one (1) copy of the Articles



#### ARTICLES OF INCORPORATION

OF

FILED 03 APR 23 AM 9: 55

# SHOWTIME GRAPHICS, INC.

SECRETARY OF STATE TALLAHASSEE FLORIDA

The undersigned incorporation (s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt (s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

#### SHOWTIME GRAPHICS, INC.

#### ARTICLE II PRINCIPAL OFFICE

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

PO BOX 1536 PORT RICHEY, FL 34673-1536

#### **ARTICLE III**

CAPITAL STOCK

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

#### 1000 SHARES NON-PAR

#### ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

James H. Collier Sr. 9110 Sterling Lane Port Richey, FI 34668

## ARTICLE V INCORPORATOR(S)

The name (s) and street address (s) of the Incorporator (s) to these Articles of Incorporation is (are):

NEIL J. NILSEN (PRESIDENT) 9751 MARLINTON LANE PORT RICHEY, FL 34668

> > Signature/Title

The undersigned has (have) executed these Articles of Incorporation this

### CERTIFICATE OF DESIGNATION OF

FILED

REGISTERED AGENT/REGISTERED OFFICE
SECRETARY OF STATE TALLAHASSEE FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUATES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIG-NATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

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

#### SHOWTIME GRAPHICS, INC.

James H. Collier Sr.	
(Name)	
9110 Sterling Lane	
(P. O. Box not acceptable)	
DOD'T DICHEV EL 24440	
PORT RICHEY, FL 34668 (City/State/Zip)	<del></del>
(City/State/Zip)	
I have been named as registered agent and to accept service of p aboved stated corporation at the place designated in this certificate the appointment as registered agent and agree to act in this capact to comply with the provisions of all statutes relating to the proper mance of my duties, and I am familiar with and accept the obligates registered agent.  (Signature)	ate, I hereby accept city. I further agree er and complete perfor-