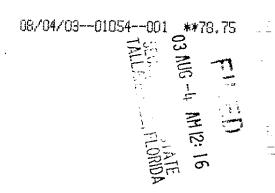
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(Re	questor's Name)		
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PICK-UP	WAIT	MAIL	
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Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
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## TRANSMITTAL LETTER

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

SUBJECT: Florid	M PINNACLE DE	SIGN , INC. ATE NAME – MUST INCLUDI		
Enclosed is an original \$70.00 Filing Fee	<b>\$78.75</b>	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:  EPHRAIM ABDULLAH  Name (Printed or typed)  P.O. BOX 2/292  Address				
	TAUAHA 556	E FL 32316 City, State & Zip		

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

Daytime Telephone number

A DETICAL TO CONTROL OF A MACON	
ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	an ED
	* · · · · · · · · · · · · · · · · · · ·
ARTICLE I NAME  The name of the corporation shall be:	03 AUG -4 AM 12: 16
FLORIDAPINNACLE DESIGN, INC.	SEĞRE A. STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  P.O. BOX 21292  Tallahassee, Fl. 32316	
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	
To Provide Quelity Pariting Services	
ARTICLE IV SHARES	
The number of shares of stock is:	
100	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)	
The name(s), address(es) and title(s):	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address of the registered agent is:	
EPHRAIM ABBULLAN	
987 MCGUIRE CT	
TLH, FL 32303	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
The <u>name and address</u> of the Incorporator is:  EPHAIM ABDULLAH	
407 MCGUINOCT	
- 14 E1 2772	
Having been named as registered agent to accept service of process for the above stated certificate, I am familiar with and accept the appointment as registered agent and agree to	
- The same of the	8.4.03
Signature/Registered Agent	Date

Signature/Incorporator

8.4.03

Date