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| PICK-UP WAIT MAIL                       |        |
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| (Business Entity Name)                  |        |
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| Certified Copies Certificates of Status |        |
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| Special Instructions to Filing Officer: | - }    |
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| Office Use Only                         |        |



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# TRANSMITTAL LETTER

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

| SUBJECT: Select S    | Signature Service, Inc.                      |                                     |   |
|----------------------|--|-------------------------------------|---|
|                      | (PROPOSED CORPORA                            | TE NAME – <u>MUST INCL</u>          | UDESUIFIX)  |
|                      |  |                                     |   |
| Enclosed are an orig | inal and one (1) copy of the art             | icles 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 |
|                      |  | ADDITIONAL CO                       | Status  |
|                      |  |                                     |   |
| FROM: Rol            | pert T. Terenzio                             |                                     |   |
|                      | Name   | (Printed or typed)                  |   |
|                      | 127 West Church Ave.                         |                                     |   |
| •                    |  | Address                             |   |
| <u>!</u>             | Longwood, FL 32750                           |                                     |   |
|                      | City   | , State & Zip                       |   |
| _                    | 407-788-1020                                 |                                     |   |
|                      | Daytime 7                                    | lelephone number                    |   |

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

## ROLINSKI, TERENZIO & SUAREZ, L.L.P.

ATTORNEYS AT LAW 127 W. CHURCH AVENUE LONGWOOD, FLORIDA 32750

OFFICES: Potomac, MD Washington, DC. New York, NY

DANIELLE ESPINET

\*FL, CT, Federal Bars
"Limited to Immigration

and Naturalization

SYLVIA J. ROLINSKI

ROBERT T.TERENZIO\*

TEL (407) 788-1020 FAX (407) 788-1831 Email <u>rtslip@earthlink.net</u>

April 6, 2005

Secretary of State
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Re:

Select Signature Service, Inc.

Dear Sir or Madam:

Enclosed please find the Articles of Organization for Select Signature Service, Inc. and a Designation of Registered Agent for said company.

I enclose one original with two copies for your use. I am also enclosing a check in the amount of \$78.75, representing the filing fees for the company and for the registered agent designation.

When complete, please forward all documents to me.

Thank you for your courtesy.

Robert T. Terenzio

RTT/mng

Enclosures: (4)

### 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:

Select Signature Service, Inc.

# 05 APR - 7 PM 1: 44 SECRETARY OF STATE TALLAHASSEE FLORIDA

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 7179 Lake Carlisle Boulevard Orlando, FL 32829

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Real Property Development and Management

### ARTICLE IV SHARES

The number of shares of stock is:

### ARTICLE V\_ INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Stephen J. Fischbacher, President

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Robert T. Terenzio 127 West Church Avenue Longwood, FL 32750

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Robert T. Terenzio 127 West Church Avenue Longwood, FL 32750

|                                      |  | or the above s | xated cort | poration at the place designat |
|--------------------------------------|--|----------------|------------|--------------------------------|
| e, I am familiar with and accept the | appointment as registered              | l agent and ag | ree to act | in this capacity               |
|                                      | ************************************** |                | * ***      | 4/6/2005                       |
| Signature Registered Agent           |  |                | =2         | Date                           |
|                                      | of the second                          |                |            | 4/6/2005                       |