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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE ALLANASSEE, ILGRIMA

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(SAMPLE LETTER OF TRANSMITTAL)

DATE

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

Re: Sign Matrix, Inc.

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

Fort Pierce 34950

PHONE

772) 940-1438

ARTICLES OF INCORPORATION

	of corporation)	Lnc		
The undersigned acting as the incorporators of a corporation the following articles of incorporation for such corporation	oration under the Flo	rida Business C	orporation Act, adop	t(s)
ARTICLE I	CORPORATE NAM	!E	0	
The name of the corporation is:	Matr	ix Inc	SECRETARIAN SECRET	
ARTICL	E II - DURATION		50000000000000000000000000000000000000	E
This corporation shall exist perpetually unless dissolv	ed according to Flori	ida law.	TONIDA TONIDA	אי ים
ARTICI	E III - PURPOSE	÷	·	
The corporation is organized for the purpose of engagunited States and the State of Florida.	ing in any activities	or business per	mitted under the laws	of the
The corporation is authorized to issueSh. ARTICLE V - IN. The street address of the initial principal office and, it	TIAL PRINCIPAL O	k, par value \$_ FFICE].00 per	share.
STREET ADDRESS				
99411021			m 24.0	
CITY fort DIEVEE	FLORIDA	<u> </u>	ZIP 549	70
Mailing address, if different STREET ADDRESS			, , , , , , , , , , , , , , , , , , ,	
		 .		_1
CITY	FLORIDA	FI.	ZIP	
ARTICLE VI - INITIAL RA		CE AND ACE		-
The street address of the initial registered office				ice ic.
NAME O 1 SI	1, _	- Intiai legiste	2200 agein at the Off	
ADDRESS 224 11 181	roim	<u> </u>		<u></u> –
CITY Part Diever	FLORIDA	FI,	ZIP 349	(C)
TOTYPICA		1. 11		كساني

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have		ally. The number of directors may be
either increased or diminished from tin addresses of the initial director(s) of th	me to time by the By-Laws, but shall never be lee corporation are as follows:	ess than one (1). The names and
NAME Brent S	strindholm	
ADDRESS 224 N	USI	
crry fort Pier	ce state	ZIP 349SC
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME		٦
ADDRESS		SECO SECO
CITY	STATE	海岛 []
	ARTICLE VIII - INCORPORATORS	SEE SEE
The names and addresses of the incorn	porators signing these Articles of Incorporation	are as follows:
NAME Brent	Stringhalm	are as tonows: OT &
ADDRESS 224 ///	(15)	
CITY for Pierc	STATE	ZIP 34950
NAME		
ADDRESS	-	
CITY	STATE	ZIP
NAME	-	.
ADDRESS		
CITY	STATE	ZIP
The undersigned incorporator(s) ha	ave executed these Articles of Incorporatio	n this 27th
day of September		
		() /
	$\prec \sim$	Signature)
		(Organica)
		(Signature)
		(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE



Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office

as indicated in the Articles of Incorporation at 224 0 US / fort Pierce FIA

has named Brent Stringholm

located at the aforesaid address, as its registered agent to accept service of process within this state.

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signatura

9/27/05