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(Business Entity Name)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

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

SUBJECT: SignsPlus of Valrico Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Jon Bednar

Name (Printed or typed)

2619 SR. 60 East

Address

Valrico, Florida 33594

City, State & Zip

813-643-8801

Daytime Telephone number

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

**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:  
SignsPlus of Valrico Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:  
2619 SR. 60 East Valrico, Fl. 33594

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
To transact any and all lawful business for which corporations may be organized and to have all powers that are afforded to corporations under the laws of the State of Superior.

**ARTICLE IV SHARES**

The number of shares of stock is:  
25

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):  
Jon Bednar 2619 SR 60 East Valrico, Fl. 33594  
Carmie Bednar 2619 SR 60 East Valrico, Fl. 33594

**ARTICLE VI REGISTERED AGENT**

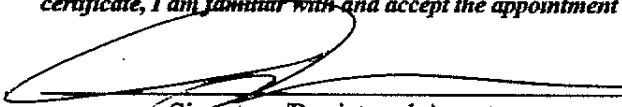
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
Jon Bednar 2619 SR 60 East Valrico, Fl. 33594

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
Jon Bednar 2619 SR 60 East Valrico, Fl. 33594

\*\*\*\*\*

*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

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

FILED  
05 DEC 19 AM 9:52  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

12-16-05  
\_\_\_\_\_  
Date

12-16-05  
\_\_\_\_\_  
Date