

PO6000026572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

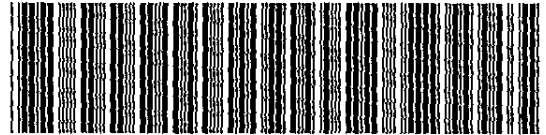
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02/21/06--01038--003 \*\*P.O. #

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TALLAHASSEE, FLORIDA

MRS  
2/22

## TRANSMITTAL LETTER

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

**SUBJECT:** SIGNATURE DESIGN STUDIO, 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:** PRO TAX SERVICES, INC  
Name (Printed or typed)

937 LONGDALE AVE  
Address

LONGDALE, FL 32750  
City, State & Zip

(407) 835-9845  
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:

SIGNATURE DESIGN STUDIO, INC

### **ARTICLE II      PRINCIPAL OFFICE**

The principal place of business/mailling address is:

2012 ISLAND BAY CIRCLE  
SANFORD, FL 32771

### **ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is:  
ANY AND ALL LAWFUL BUSINESS.

### **ARTICLE IV      SHARES**

The number of shares of stock is:  
100 - ONE HUNDRED

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

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

SHARLITA GILES - PRESIDENT  
2012 ISLAND BAY CIRCLE  
SANFORD, FL 32771

### **ARTICLE VI      REGISTERED AGENT**

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

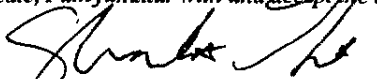
SHARLITA GILES  
2012 ISLAND BAY CIRCLE  
SANFORD, FL 32771

### **ARTICLE VII      INCORPORATOR**

The name and address of the Incorporator is:

SHARLITA GILES  
2012 ISLAND BAY CIRCLE  
SANFORD, FL 32771

\*\*\*\*\*  
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

02-15-2006

\_\_\_\_\_  
Date

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

02-15-2006

\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA