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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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## COVER LETTER

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

SUBJECT: BIG IMAGE SIGNS, 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: GLENN R LUISI  
Name (Printed or typed)

104 PRESTWOOD LANE  
Address

MOORESVILLE, NC 28117  
City, State & Zip

704-895-0626  
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:

BIG IMAGE SIGNS, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

3110 SW 16th STREET FORT LAUDERDALE, FL 33312

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The corporation may transact any and all lawfull business for which corporations may be incorporated under the Laws of the State of Florida

**ARTICLE IV SHARES**

The number of shares of stock is:

1,000 Shares

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

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

Chad S. Taylor 3110 SW 16th Street Fort Lauderdale, FI 33312 President

**ARTICLE VI REGISTERED AGENT**

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

Chad S. Taylor 3110 SW 16th Street Fort Lauderdale, FI 33312

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Chad S. Taylor 3110 SW 16th Street Fort Lauderdale, FI 33312

\*\*\*\*\*

*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

4/9/06  
\_\_\_\_\_  
Date

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

4/9/06  
\_\_\_\_\_  
Date

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CLERK OF DISTRICT COURT  
FLORIDA