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ORPORATION NAME(S) & DOCUME	ENT NUMBER(S), (if known):
QUALITY SIGNS (Corporation Name)	S AND PRINTING (Document #)
INC.	
(Corporation Name)	(Document #)
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Profit	Amendment
Not for Profit	Resignation of R.A., Officer/Director
Limited Liability Domestication	Change of Registered Agent Dissolution/Withdrawal
Other	Merger Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report	Foreign
Fictitious Name	Limited Partnership Reinstatement
	Trademark
•	Other
	Examiner's Initials

ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

APPLACE PLORIDA

ARTICLE I - NAME

THE NAME OF THE CORPORATION SHALL BE:

QUALITY Signs And Printing Inc.

ARTICLE 11 - PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS CORPORATION SHALL BE:

7520 W 29 AVE HIALEAH FL 33018

ARTICLE III - SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

HILAGROS VALVIVIA 7520 W 29 AVE HIALEAH FL 33018

<u>ARTICLE V - INCORPORATOR</u>

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:

HILAGROS VALdivia 7520w29 ave Hialeah FL 33018

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES
OF INCORPORATION THIS

13 DAY OF AGOSTO, 200

SIGNATURE

ARTICLE VI - DIRECTOR(S)

THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

Yasmany Valdivia CVP

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED
OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT 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 RELATED TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

REGISTERED AGENT SIGNATURE