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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305) 599-0839
Fax Number : (305) 592-9591

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
JB SIGN SERVICES OF S.W. FLORIDA, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	01
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Electronic Filing Menu

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Help

Ps 5/2

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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: JB Sign Services of S.W. Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

4236 Nahkoda Avenue
North Port, Florida 34286

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is:
Any and all lawful business.**ARTICLE IV SHARES**

The number of shares of stock is: 100 shares: Jeffery Bigelow - 51% and Jennifer Bigelow - 49%

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jeffery Bigelow, President

Address: 4236 Nahkoda Avenue
North Port, Florida 34286

Name and Title:

Address:

Name and Title: Jennifer Bigelow, Vice President

Address: 4236 Nahkoda Avenue
North Port, Florida 34286

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

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

Name: Jeffery Bigelow

Address: 4236 Nahkoda Avenue
North Port, Florida 34286**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Jeffery Bigelow

Address: 4236 Nahkoda Avenue
North Port, Florida 34286

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

Required Signature/Registered Agent

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

Date