

P11000095740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Marti Castelluzzo. GAVE

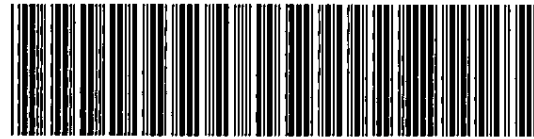
AUTHORIZATION BY PHONE TO

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DATE \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 NOV - 1 PM 1:31

PS 11/3/11

## COVER LETTER

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

SUBJECT: SIGNTIST 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 Priestap  
Name (Printed or typed)

580 CENTRAL Ave  
Address

NOKOMIS, FL 34275  
City, State & Zip

941-484-9169  
Daytime Telephone number

SIGNGUY77@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

**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)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be:

SIGNUTIST, INC.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

580 CENTRAL AVE  
NOKOMIS, FL 34275

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

SIGN MANUFACTURING

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Jon Priestap, President  
Address: 580 CENTRAL AVE  
NOKOMIS, FL 34275

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

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: Jon Priestap  
Address: 580 CENTRAL AVE  
NOKOMIS, FL 34275

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jon Priestap  
Address: 580 CENTRAL AVE  
NOKOMIS, FL 34275

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

Jon Priestap

Required Signature/Registered Agent

10/27/2011  
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.

Jon Priestap

Required Signature/Incorporator

10/27/2011  
Date