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SECRETARY OF STATE LLAHASSEE, FLORIE

MRD /3/24/12

COVER LETTER

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

SUBJECT: express printing and sign	gns, inc.
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the arti-	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: kevin broad	(Printed or typed)
4517 s. hopkins avenue	
<i>,</i>	Address
titusville, florida 32780 City,	State & Zip
321-383-2679 Daytime T	elephone number
kevin@expresscopyshor E-mail address: (to be use	O.COM d for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

			FILED 12 MAR 22 PM 12: 3
•	ARTICLES OF	INCORPORATION	LED
	In compliance with Chapter 60	07 and/or Chapter 621, F.S. (Profi	1) KHAR 22
ARTICLE I	NAME express printing & s	sions inc	SEURE - PM 12: 3
The name of the	corporation shall be:	ngris, inc.	SECRETARY OF STATE ACTION OF STATE IN CORPORATE OF STATE
ARTICLE II	PRINCIPAL OFFICE		SEE, FLOORE
	Principal street address	Mailing ad	dress, if different is:
	4517 s.hopkins avenue	·	
	titusville,fl 32780		
	MIDDOCE		
ARTICLE III The purpose for	which the corporation is organized is:		
supply print	ing and signs for titusville and suri	ounding communities	
ARTICLE IV The number of sl	SHARES nares of stock is:1000		
ARTICLE V	INITIAL OFFICERS AND/OR DIREC	CTORS	
Name and	Title: kevin broad c.e.o.	Name and Title:	<u> </u>
Address:	4517 s.hopkins avenue		
	titusville, fl.32780		
	Title:	Name and Title:	
Address:			
	Title:	Name and Title:	
Address:			
ADDICE DIE			
	REGISTERED AGENT Torida street address (P.O. Box NOT accepta	ble) of the registered agent is:	
Name:	kevin broad		
Address:	4517 s. hopkins avenue		
	titusville, fl [*] 32780		
ARTICLE VII	INCORPORATOR		
	ddress of the Incorporator is:		
Name:	kevin broad		
Address:	4517 s. hopkins avenue		
	titusville, fl 32780		
	med as registered agent to accept service of app familiar with and accept the appointment		
115	.~!/		3/18/12
//	Required Signature/Registered Age	nt .	Date
	-		
	cument and affirm that the facts stated here Department of State constitutes a third degree		
1/1/	//		
	~~//		3/18/12