

P14000011683

(Requestor's Name)

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(City/State/Zip/Phone #)

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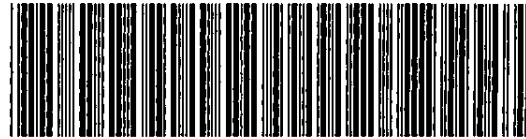
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
14 JAN 31 PM 1:35

2/7/14

COVER LETTER

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

SUBJECT: SIGNSERVICEREPAIR.COM, 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 ☐ \$78.75
Filing Fee Filing Fee
& Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: WARREN D. HICKERNELL
Name (Printed or typed)

4234 LAKESIDE DRIVE
Address

JACKSONVILLE, FL. 32210
City, State & Zip

941-232-5738
Daytime Telephone number

WARREN@RealEstateInSarasota.com
E-mail address: (to be used for future annual report notification)

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

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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: SIGNSERVICE REPAIR.COM, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4234 LAKESIDE DRIVE
JACKSONVILLE, FL 32210

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in the repair
and construction of outdoor billboards, lighted signs
and to carry on any business activity necessary
to accomplish this or any other legal pursuits;

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WARREN HICKERNELL Name and Title: _____

DIRECTOR

Address _____ Address: _____

4234 LAKESIDE DRIVE
JACKSONVILLE, FL 32210

Name and Title: CHARLES BENENHALEY Name and Title: _____

DIRECTOR

Address _____ Address: _____

4234 LAKESIDE DRIVE
JACKSONVILLE, FL 32210

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(conti.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: WARREN HICKERNELL
Address: 4234 LAKESIDE DRIVE
JACKSONVILLE, FL 32210

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: WARREN HICKERNELL
Address: 4234 LAKESIDE DRIVE
Jacksonville, FL 32210

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

Warren Hickernell
Required Signature/Registered Agent

1-29-14
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.

Warren Hickernell
Required Signature/Incorporator

1-29-14
Date

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