

Division of Corporations

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P17000025486

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : BLANCO ACCOUNTING I, INC.
Account Number : 120100000060
Phone : (305) 828-1148
Fax Number : (305) 828-1709

****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
SIGNS ALL SIGNS CORP**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

MAR 21 2017

T. SCOTT

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Corporate Filing Menu

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17 MAR 20 AM 9:19

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

17 MAR 20 AM 8:05

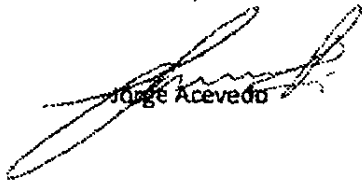
BUREAU OF CORPORATE
REGISTRATION SERVICES

Saturday, March 18, 2017

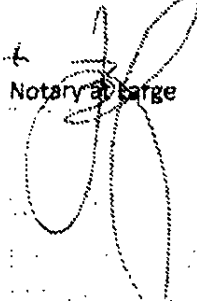
To whom it may concern:

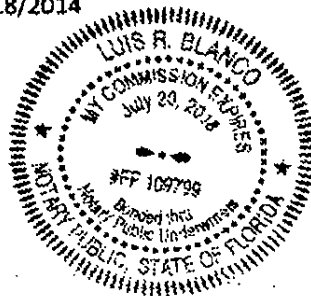
I Jorge Acevedo President Signs all Signs Corp have no intention of reinstating the mentioned corporation therefore, I release the same for to another entity.

Should you need additional information, please do not hesitate to inform me


Jorge Acevedo

Sworn to and subscribe before me this 03/18/2014


Notary at Large



ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: SIGNS ALL SIGNS CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address14121 NW 19 AVEOPA LOCKA FL 33054

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**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JORGE A ACEVEDO PRESIDENTAddress: 14121 NW 19 AVEOPA LOCKA FL 33054

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

17 MAR 20 AM 9:19
CLERK OF STATE
TALLAHASSEE, FLORIDAAPPROVED
AND
FILED

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: JORGE A ACEVEDO
Address: 14121 NW 19 AVE
OPA LOCKA FL 33054

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: JORGE A ACEVEDO
Address: 14121 NW 19 AVE
OPA LOCKA FL 33054

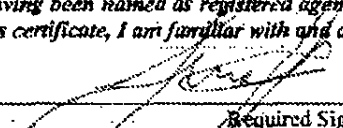
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/18/2017 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records...

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

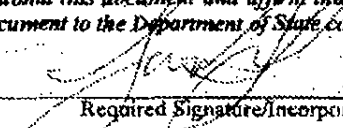


Required Signature/Registered Agent

03/18/2017

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

03/18/2017

Date