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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 : BLANCO ACCOUNTING I, INC.
Account Number : I20100000060
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 |

FILED
17 MAR 20 AM 8:05
OFFICE OF COMMERCIAL RECORDING SERVICES

17 MAR 20 AM 9:19
OFFICE OF SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED AND FILED
MAR 21 2017
T. SCOTT

Electronic Filing Menu Corporate Filing Menu Help

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

LUIS R. BLANCO
MY COMMISSION EXPIRES
July 20, 2018
#FF 109799
Bonded thru
Notary Public Underwriters
NOTARY PUBLIC, STATE OF FLORIDA

**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: SIGNS ALL SIGNS CORP

***ARTICLE II PRINCIPAL OFFICE***

| Principal street address | Mailing address, if different is: |
|---|---|
| 14121 NW 19 AVE | |
| OPA LOCKA FL 33054 | |

***ARTICLE III PURPOSE***
The 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 PRESIDENT | Name and Title: |
| Address: 14121 NW 19 AVE | Address: |
| OPA LOCKA FL 33054 | |
| Name and Title: | Name and Title: |
| Address: | Address: |
| Name and Title: | Name and Title: |
| Address: | Address: |

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TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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: JORGE A ACEVEDO

Address: 14121 NW 19 AVE

OPA LOCKA FL 33054

***ARTICLE VII INCORPORATOR***

The **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***

_____ 03/18/2017

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.***

_____ 03/18/2017

Required Signature/Incorporator Date