

P20000020331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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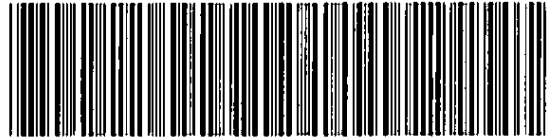
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: Signals Publishing 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: Samuel Acid Taylor
Name (Printed or typed)

31 Fifth ST
Address

Atlantic Beach, FL 32233
City, State & Zip

904 860-2465
Daytime Telephone number

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

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

2020 FEB 14 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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: Signals Publishing Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
31 Fifth Street
Atlantic Beach, Fl. 32233

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The publication and distribution
of periodicals as well as any other lawful activity.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Samuel R. Taylor
Address: 31 Fifth Street
Atlantic Beach, Fl
32233

Name and Title: President, Secretary - Treasure
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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2020 FEB 14 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FL

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: Samuel R. Taylor
Address: 31 Fifth Street
Atlantic Beach, Fl. 32233

ARTICLE VII INCORPORATOR

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

Name: Samuel R. Taylor
Address: 31 Fifth Street
Atlantic Beach, Fl. 32233

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TALLAHASSEE, FL

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 2/11/2020 (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

x Samuel R. Taylor
Required Signature/Registered Agent

2/11/2020
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.

x Samuel R. Taylor
Required Signature/Incorporator

2/11/2020
Date