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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 : UNITED AGENT SERVICES LLC
Account Number : I20210000087
Phone : (866)246-2669
Fax Number : (520)333-2793

FILED
21 JUL 30 PM 12:43
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: filings@unitedagentservices.com

2021 JUL 30 PM 12:59

FLORIDA PROFIT/NON PROFIT CORPORATION
HIGHLANDS ALL SIGNS PRINTING INC

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

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5/31/2021

Division of Corporations

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CORPORATION DIVISION
TALLAHASSEE, FLORIDA

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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: HIGHLANDS ALL SIGNS PRINTING INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
1874 WASHINGTON BLVD NW LAKE PLACID
FL 33852

Mailing address, if different is:
1874 WASHINGTON BLVD NW LAKE PLACI
FL 33852

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 100

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TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NOEL R SANCHEZ Name and Title: _____

Address: 1874 WASHINGTON BLVD NW LAKE I Address: _____

FL 33852 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: DEVON P DONALDSON
 Address: 120 SOUTH ANOKA AVENUE
AVON PARK FL 33825

ARTICLE VII INCORPORATOR

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

Name: Shayne Trinidad
 Address: 221 N Broad St
Middletown, DE 19709

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 TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

DEVON P DONALDSON

Required Signature/Registered Agent

05/31/2021

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

05/31/2021

Date