PZYUUUUNISY9

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600438044536

2024 NOV 22 PH 2: 52

Incorporating Services, Ltd.

incserv

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

To Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE	11/22/2024

PRIORITY Regular Approval

OUR REF_#_(Order_ID#)

ORDER ENTITY
RESIDENT SIGN CO.

								TCES:	
RE:	SIDI	ENT	SIGN	CO.	(FL	1			

New corp filing

NOTES: \$70.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely.

Please bill us for your services and be sure to include our reference number on the invoice and couner package if applicable. For UCC orders, please include the thru date on the results.

Friday, November 22, 2024 Page 1 of 1

COVER LETTER

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

SUBJECT! RESIDENT SIGN CO

30636.614	(PROPOSED CORPOR:	ATE NAME – <u>MUST INCL</u> I	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	i a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee. Certified Copy & Certificate of Status DPY REQUIRED
FROM: B	OCHNER PLLC		DPY REQUIRED
10	040 AVENUE OF T	ne (Printed or typed) HE AMERICAS	, 15TH FLA 5
		Address	
N	EW YORK, NEW	V YORK 1001	8
	City	. State & Zip	
6	46-971-0685		
D	Daytime EB@BOCHNER	Telephone number .LAW	
	E-mail address: (to be use	ed for future annual report i	notification)

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

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

	ion shall be: RESIDENT SIGN (
	Principal <u>street</u> address			Mailing address, if different is:		
1028 5TH N ST						
ST. PETERSBURG, FLORIDA 33	701		<u> </u>			
· · ·						
<u> ARTICLE III - PURPO</u>						
The purpose for which the	ne corporation is organized is: VENDC	R/SUPPL	IER			
·						
						
					71172	
					ڏ '	
				<u> </u>	<u>ا</u> ا	
				<u> </u>	<u>ا</u>	
					3	
ARTICLE IV SHARI				10 3	<u>.</u>	
The number of shares of	stock is: 1,000					
	L OFFICERS AND/OR DIRECTORS					
Name and Title	BROOKE JAMES, PRESIDENT	Name and Title	::			
	4000 ETU N. OT					
Address	1028 5TH N. ST.	_ Address:	•			
	ST. PETERSBURG, FL 33701					
		_				
		-				
			, •			
Name and Title:		Name and Little	· ·			
Name and Title:						
		_ Address:				
		_ Address:				
Address		_ Address:				
Address Name and Title:		Address: - Name and Title				
Address		Address: - Name and Title	::			

Name and Title:		Name and Title:		
Address		Address:		
				<u>.</u>
	EGISTERED AGENT rida street address (P.O. Box NOT acceptable) of t	ha maniatamad masast ia		
Name:	Incorporating Services, Ltd.	ne registered agent is.		
	1540 Glenway Drive			
Address:	Tallahassee, FL 32301			
		•		
ARTICLE VII 1	<u>NCORPORATOR</u>			2024
The name and ado	dress of the Incorporator is:		•	5 3
Name:	BRENT C.J. BRITTON			22 AUH 1200 25 I
Address:	1040 AVENUE OF THE AMERICAS, 15TH FL		٠,٠	·
	NEW YORK, NEW YORK 10018	•	.:	
		•	- 31V	-1 E
ARTICLE VIII	ther than the date of filing:	(ODPIONAL)		
	te is listed, the date must be specific and canno			ifter the
	nserted in this block does not meet the applicable fective date on the Department of State's records.	statutory filing requirements.	, this date will no	ot be listed as
me document sen	rective date on the Department of State's records.			
certificate, I am fa	ed as registered agent to accept service of process for miliar with and accept the appointment as registe	red agent and agree to act in		signated in this
Weliosan	Required Signature/Registered Agent		11/21/202	4
	Required Signature/Registered Agent		Da	ate
I submit this docu	ment and affirm that the facts stated herein are is epartment of State constitutes a third degree felor	rue. I am aware that the fal		submitted in a
Brent C	O. Britton Micorporator		11/21/2	2024
Required Signatur	ncorporator	Da	te	