P95000019613

TRANSMITTAL LETTER

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

500001424725
03/03/95--01031--006
*****70.00 *****70.00

SUBJECT: BBS OUTDOOR ADVERTISING, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

[x] $70.00 Filing Fee
[ ] $78.75 Filing Fee & Certificate
[ ] $122.50 Filing Fee & Certified Copy
[ ] $131.25 Filing Fee, Certified Copy & Certificate

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 2:00

FROM: Attorney Archibald Hovanesian, Jr.
Name (printed or typed)

600 Scenic Hwy, Suite 316
Address

Pensacola, FL 32503
City, State & Zip

(904) 436-4461
Daytime Telephone number

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

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

BBS OUTDOOR ADVERTISING, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 2:00

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

P.O. Box 15086
Pensacola, FL 32514-0086

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Attorney Archibald Hovanesian, Jr.
600 Scenic Hwy, Suite 316
Pensacola, FL 32503

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the Incorporator(s) to these Articles of Incorporation is(are):

George Waters
P.O. Box 7465
Marietta, GA 30068

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

3d day of March, 19 95 .

Signature

Signature

Signature

Articles of Incorporation
Filing Fee - $35

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: BBS OUTDOOR ADVERTISING, INC.

2. The name and address of the registered agent and office is:

Attorney Archibald Hovanesian, Jr.
(Name)

600 Scenic Hwy, Suite 316
(P.O. Box not acceptable)

Pensacola, FL 32503
(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature)

3/3/95

FILED
95 MAR -8 PM 2:00
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 OCT 28 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000019613

1 Corporation Name
BBS Outdoor Advertising, Inc.

Principal Place of Business	Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
9165 Roe Street	9165 Roe Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pensacola, FL	City & State: Pensacola, FL
Zip: 32514 Country: Escambia	Zip: 32514 Country: Escambia

4. Date Incorporated or Qualified To Do Business In Florida: 03/08/95

5. FEI Number: 59-3310637 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional fee required for a Certificate of Status

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	James Y. Harpole	2713 Woodbreeze Drive	Cantonment, FL 32533
Vice Pres.	James B. Hobbs	5041 Yesteroaks Circle	Pensacola, FL. 32504

200001996902--9
-11/05/96--01178--025
****383.75 ****383.75

REINSTATEMENT 1996

A. Allen

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Attorney Archibald Hovanesian, Jr. 600 Scenic Hwy, Suite 316 Pensacola, FL 32503	10-28-96 Name: James B. Hobbs Street Address (P.O. Box Number is Not Acceptable): 9165 Roe Street Suite, Apt. #, Etc.: City: Pensacola State: FL Zip Code: 32514

CR2E040 (10/95)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: JBH REGISTERED AGENT MUST SIGN Date: 10/21/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 10/10/96 Daytime Phone #: (904) 435-7446

DEBIT MEMORANDUM

0000 88

P95000019613

FOR OFFICIAL USE

DATE NUMBER

TO : STATE

96 NOV 22 PM 4:05

11 21 96 71788

FINANCIAL MANAGEMENT

Rec'd during payroll processing
JM

STATE OF FLORIDA
OFFICE OF STATE TREASURER
TALLAHASSEE FLORIDA

FUND	AMOUNT	REASON RETURNED	KEY #
GENERAL REVENUE	0.00	INSUFFICIENT FUNDS	1
TRUST	2,459.90	ACCOUNT CLOSED	2
OTHER		UNCOLLECTED FUNDS	3
TOTAL	2,459.90	OTHER	4

2

DISTRIBUTION

CROSS REF	SAMAS CODE	REASON	AMOUNT
12	45-20-2-130001-45300000-00-000100-00	4	11.15
12	45-20-2-130001-45300000-00-000100-00	3	50.00
12	45-20-2-130001-45300000-00-000100-00	1	52.50
12	45-20-2-130001-45300000-00-000100-00	1	122.50
12	45-20-2-130001-45300000-00-000100-00	1	140.00
12	45-20-2-130001-45300000-00-000100-00	1	375.00
12	45-20-2-130001-45300000-00-000100-00	1	375.00
12	45-20-2-130001-45300000-00-000100-00	2	375.00
12	45-20-2-130001-45300000-00-000100-00	1	383.75
12	45-20-2-130001-45300000-00-000100-00	1	575.00

GRAND TOTAL: $ 2,459.90

383.75

71788-1

300002026993--9
-12/12/96--01009--007
****402.93 ****402.93

Process Date: 11/12/96

The above named fund(s) has been reduced by the amount of this check(s) under authority of Section 215.34, F.S.

State Treasurer