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

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Englosed is an original				and eicheck
for the \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Cop	\$131.25 Filing Fee, Certified Copy & Certificate by Required	AH 6: 52
FROM: MOE M. HEKSSA Name (printed or typed) 27742 S. Dixie HWY.				
		Z 47- //5/ Telephone number		÷

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

JUL 3 1 1996 BSB

ARTICLES OF INCORPORATION

96 JUL 29 AH 8: 52
SLC OF STATE

TALLAJIA OF STATE
THE undersigned incorporator(s), for the purpose of forming a corporation under the Florida Busines ORIDA
Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

SIGN CITY 33032, CORP.

ARTICLE II PRINCIPAL OFFICE

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

27742 S. DixiE HW/ NARANJA, Fl. 33032

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

MOE M. HAKSSA 12330 S.N. 96 St. Miami /Fl. 33186

ARTICLE V INCORPORATOR(S)

See instructions for o' Ocers/directors

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

ر. د ور

MOE M. HAKSSA 27742 S. Divie HWY NARAHJA , FI. 33032

The undersigned incorporator(s) has(have) executed these buticles of incorporation this

(An additional article must be added if an effective date is requested.)

Signature

Signatur

Signatu re

Notarization is r tot required

NOTE: Affixing an officer title after a signatur e of an incorporator does not constitute the designation of officers.

 $\langle i \rangle$

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:	SiGN city 3303	2, (0/2)?
2. The name and address of the regist	tered agent and office is:	
	MOE M. HAKSSA	
123 (P.o. Bo	30 S.W. 96 St-	S JELLES
<u> </u>	CONSTATEZED)	29 M 3:5

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) (DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314