## TRANSMITTAL LETTER COCOSIONS P.O. Box 6327 Tallahassee, FL 32314

			-	2440711359082 09/27/9601051010 *********
Enclosed is an origina for:	I and one (1) co	ppy of the articles of	incorporation	and a check
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		Additional Copy	Required	19177 SECON SECON
FROM:	Keith	printed or typed)		EP 27
	8201	Clermont	St.	FI III
	Tampa	F   33 State & Zip	1637	<i>f.</i>
	813-9 Daytime	84-9475 Telephone number		1 35
			$\times$ 10/1	ale A Lly Des

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.

The name of the corporation shall be:	ARTICLE I NAME					
-no name of the corporation shall be.	Signatur	e Si	stems	Inc.		
ARTIC The principal place of business and ma	LE II PRINCIPALITY			96 SEP 27 PH I2: 21 SECRE JARY OF STATE TALLAHASSEE FLORIDA	Tanasan Tanasan Tanasan	

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

| OO Shaces

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

Keith Lettiero 8201 Clermont St. Tampa, Fl 33637

## ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Keith Lettiero

8201 Clermont St. (President 100% Share holders)

Tampa, Fl 33637 (manager)

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

9 day of September 19 9/

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

·

Signature

Signature

Notarization is not required

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

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/RECISTERED 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:	Signature Systems Inc.
2. The name and address of the rep	istered agent and office is:
<u>Kei</u>	th Lettiero
	Clermont St. Box or Mail Drop Box NOT ACCEPTABLE)
	2 Fl 33637 (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.

Keith Lith
(SIGNATURE)

SEP 27 PH I2: 21

CHETY OF STATE

LAH OF FLORIDA

DATE

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