890 S.W. 87 AVENUE SUITE: 16 Address MIAMI, FLORIDA 33174 (305)552-5973 City/State/Zip Phone# LOCAL REPRESENTATIVE TALLAHASSEE Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time 2,00 Certified Copy Mail out Will wait Photocopy Certificate of Status NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger

OTHER FILINGS
Annual Report
 Fictitious Name
Name Reservation

REGISTRATION AND AUTON
Foreign
Limited Partnership
Reinstatement
 Trademark
Other

W96-25279

Examiner's Initials SN



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 3, 1996

LAZARUS CORPORATE INDUSTRIES, INC. 890 SW 87 AVE., STE. 16 MIAMI, FL 33174

SUBJECT: SIGN CRAFTERS CORP. Ref. Number: W96000025279

We have received your document for SIGN CRAFTERS CORP. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved entity. Names of administratively dissolved entities are not available for one year from the date of administrative dissolution unless the dissolved entity provides the Department of State with a notarized affidavit executed as required by section 607.0120, 617.01201, 608.5135 or 608.4482 Florida Statutes, permitting the immediate assumption or use of the name by another entity.

Simply adding "of Florida" or "Florida" to the end of a name does not constitute a difference.

When the document is resubmitted, please return a copy of this letter to ensure proper handling.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6052.

Sandy Ng Document Specialist

Letter Number: 296A00054224

ARTICLES OF INCORPORATION

96 DEC -4 PH 3: 44

The undersigned incorporator(s), for the purpose of forming a corporation der the Fluida Business Comporation Act, hereby adopt(s) the following Articles of Incorporation

ARTICLE! NAME

The name of the corporation shall be:

SIGN CRAFTERS OF MIAMI CORP.

ARTICLE IL PRINCIPAL OFFICE

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

1035 East 26th Street Hialeah, FL. 33010

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

VICTOR VITON 1035 East 26th Street Hialeah, FL. 33010

ARTICLE V INCORPORATOR(S)

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

VICTOR VITON 1035 East 26th Street Hialeah, FL. 33010

ARTICLE VI DIRECTOR(S)

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

VICTOR VITON (P) 1035 East 26th Street Hialeah, FL. 33010

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

2nd day of December ... 19 96 ...

Signature

Signature

Articles of incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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: SIGN CRAFTERS OF MIAMI CORP.	
2.	The name and address of the registered agent and office is:	•
,	VICTOR VITON STATES 98	
	(NAME) AHA	T
	1035 East 26th Street	
•	(P.O. BOX NOT ACCEPTABLE)	
	Hialeah, FL. 33010	•
	(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	Victoriton
DATE 12/2/9	6