

P 96000103304

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870

Mailing Address: Post Office Box 10349, Tallahassee, FL 32302

TOLL FREE No. 1-800-342-8062

FAX (904) 222-1222

NAME _____

FIRM _____

ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

RE: B+L Signs, Inc.

	C.C. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Express™		
<input type="checkbox"/> Art. of Inc. File		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership File		
<input type="checkbox"/> Foreign Corp. File		
<input checked="" type="checkbox"/> () Gen. Copy(s)		
<i>Photo</i>		
<input type="checkbox"/> Art. of Amend. File		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C U S-		
<input type="checkbox"/> Fictitious Name File		
<input type="checkbox"/> Name Reservation		
<input type="checkbox"/> Annual Report/Reinstatement		
<input type="checkbox"/> Reg. Agent Service		
<input type="checkbox"/> Document Filing		
<input type="checkbox"/> Corporate Kit		
<input type="checkbox"/> Vehicle Search		
<input type="checkbox"/> Driving Record		
<input type="checkbox"/> Document Retrieval		
<input type="checkbox"/> UCC 1 or 3 File		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> File No.'s, _____ Copies		
<input type="checkbox"/> Courier Service		
<input type="checkbox"/> Shipping/Handling		
<input type="checkbox"/> Phone () _____		
<input type="checkbox"/> Top Priority		
<input type="checkbox"/> Express Mail Prep.		
<input type="checkbox"/> FAX () _____ pgs.		

SUBTOTALS

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum.

THANK YOU
from
Your Capital Connection

REQUEST TAKEN CONFIRMED APPROVED

DATE 12/23

TIME _____ CK No. _____

BY _____

WALK-IN Will Pick Up 2:00 WJH



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

December 23, 1996

CAPITAL CONNECTION, INC.
417 E. VIRGINIA STREET
SUITE 1
TALLAHASSEE, FL 32301

SUBJECT: B & L SIGNS, INC.
Ref. Number: W96000026874

We have received your document for B & L SIGNS, INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent and registered office listed in your articles of incorporation must be consistent throughout the document.

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) 487-6926.

Teresa Brown
Corporate Specialist

Letter Number: 596A00057018

*Corrected
Thanks*

RECEIVED
96-12-24 PM 1:16
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION
FOR
B & L SIGNS, INC.

FILED
96 DEC 24 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned subscriber(s) to these Articles of Incorporation hereby form a corporation under the laws of the State of Florida.

ARTICLE I
Corporation Name

The name of the corporation is : B & L SIGNS, INC.

ARTICLE II
Duration

This corporation shall exist perpetually, unless other wise dissolved according to Florida law.

ARTICLE III
Purpose

The purpose of this corporation is to conduct normal business activities as permitted under the laws of the State of Florida.

ARTICLE IV
Capital Stock

This corporation is authorized to issue 100 shares of common stock having a normal par value of \$ 1.00.

ARTICLE V
Election

The corporation elects organization under subchapter "S". The board of directors shall be required to forever maintain this status.

ARTICLE VI
Initial Registered Agent and Office

The name and street address of the Registered Agent of this corporation is :

Patricia A Holman
930 Carswell Avenue
Holly Hill, Florida 32117

The mailing address of this corporation is :

930 Carswell Avenue
Holly Hill, Florida 32117

ARTICLE VII
Initial Incorporator

The names and street addresses of the initial Board Incorporator is:

Patricia A. Holman
1851 Linda Avenue
Ormond Beach, Florida 32174

ARTICLE VIII
Initial Board of Directors

This corporation shall initially have two (2) directors. The number of directors of this corporation may be changed at any time, but shall never be less than one.

The names and street addresses of the initial Board of Directors are:

President : Bob Holman Sr.
 1851 Linda Avenue
 Ormond Beach, Florida 32174

Secretary: Patricia A. Holman
 1851 Linda Avenue
 Ormond Beach, Florida 32174

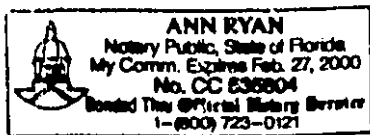
The undersigned subscribers, in witness hereof, have executed these Articles of Incorporation this 19th day of December of 1996.

Patricia A. Holman
PATRICIA A. HOLMAN

State of Florida

County of Volusia

The foregoing instrument was acknowledged before me this 19th day of December, 1996, by Patricia A. Holman, Initial Incorporator, a Florida Corporation, on behalf of the Corporation. He/she is personally known to me or has produced _____ as identification.



Ann Ryan
Notary Public - State of Florida

Ann Ryan
Name typed, printed, or stamped

Notary Public
Title or rank

CC 535804
Serial number, if any

holman.inc

**REGISTERED AGENT
CERTIFICATE AND ACKNOWLEDGMENT**

FILED

96 DEC 24 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF REGISTERED AGENT

OF

B & L SIGNS, INC.

THE NAME OF THE CORPORATION IS: B & L SIGNS, INC.

**THE ABOVE CORPORATION, DESIRING TO ORGANIZE UNDER THE
LAWS OF THE STATE OF FLORIDA, WITH ITS REGISTERED OFFICE AS
INDICATED IN THE ARTICLES OF INCORPORATION AT:**

**930 CARSWELL AVENUE
HOLLY HILL, FLORIDA 32117**

HAS NAMED PATRICIA A. HOLMAN

**LOCATED AT THE HEREIN MENTIONED ADDRESS, AS ITS
REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS WITHIN THIS
STATE.**

**930 CARSWELL AVENUE
HOLLY HILL, FLORIDA 32117**

**I HEREBY ACCEPT THE DUTY TO ACT AS REGISTERED AGENT AND
ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION,
AND AGREE TO COMPLY WITH THE PROVISIONS OF THE LAWS OF THE
STATE OF FLORIDA IN KEEPING OPEN SAID OFFICE.**


PATRICIA A. HOLMAN