

P 98000039191

FILED

John P. Hairé  
Requestor's Name  
520 Elsberry Rd.  
Address (813) 645-7049  
Apollo Beach, FL 33572  
City/State/Zip Phone #

98 APR 30 PM 12: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Signal Produce Services Inc.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in       Pick up time \_\_\_\_\_       Certified Copy  
 Mail out       Will wait       Photocopy       Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

100002506671--2  
-04/30/98--01059--020  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED  
98 APR 30 PM 12: 20

APR 30 1998

P. Hall

6

Examiner's Initials

**LETTER OF TRANSMITTAL**

To: Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

In Re: **Signal Produce Services Inc.**

Gentlemen;

Enclosed please find the original and one copy of the Articles of Incorporation for Signal Produce Services Inc., together with my check for \$ \_\_\_\_\_.

This represents the cost of the Filing Fees, and the fee for Registered Agent Designation for the above named Corporation.

Sincerely,

Signal Produce Services Inc.  
John P. Haire  
520 Elsberry Rd.  
Apollo Beach, Fl. 33572  
813-645-0859

**ARTICLES OF INCORPORATION**  
of  
**Signal Produce Services Inc.**

FILED  
98 APR 30 PM 12: 27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned subscriber(s) to these Articles of Incorporation, natural persons competent to contract, hereby form a corporation under the Florida Business Corporation Act.

**ARTICLE I CORPORATE NAME**

The name of the corporation shall be:

Signal Produce Services Inc.

**ARTICLE II DURATION**

This corporation shall exist perpetually unless dissolved according to the Laws of the State of Florida.

**ARTICLE III PURPOSE**

The corporation is hereby organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

**ARTICLE IV INITIAL REGISTERED OFFICE AND AGENT**

The principal office address of said corporation shall be:

520 Elsberry Rd.  
Apollo Beach, Fl. 33572

The mailing address of said corporation shall be:

PO Box 3425  
Apollo Beach, Fl. 33572

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

John P. Haire  
520 Elsberry Rd.  
Apollo Beach, Fl. 33572

**ARTICLE V CAPITAL STOCK**

The corporation is authorized to issue One Thousand (1,000) shares of Common Stock which shall be designated "Common Shares". All or any part of said shares may be issued by this corporation from time to time and for such consideration as may be determined upon or fixed by the Board of Directors, as provided by law.

**ARTICLE VI INITIAL BOARD OF DIRECTORS**

This corporation shall have one director(s) initially. The number of directors may be either increased or diminished from time to time by the by-laws, but shall never be less than one (1). The name(s) and address(es) of the initial director(s) of this corporation are as follows:

John P. Haire, President  
520 Elsberry Rd. Apollo Beach, Fl. 33572

**ARTICLE VII INCORPORATORS**

The name(s) and address(es) of the incorporator(s) signing these Articles of Incorporation are as follows:

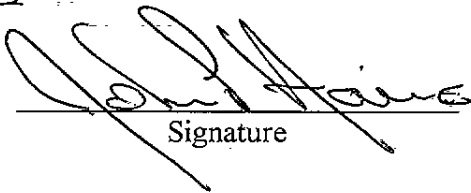
John P. Haire, President  
520 Elsberry Rd. Apollo Beach, Fl. 33572

**ARTICLE VIII INDEMNITY**

Directors of the corporation shall not be liable to either the corporation or its stockholders for monetary damages for a breach of fiduciary duties unless the breach is one which invokes:

- (a) a director's duty of loyalty to the corporation or its stockholders;
- (b) any acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of law;
- (c) liability for unlawful payments of dividends or unlawful stock purchases or redemption by the corporation;
- (d) a transaction from which the director derived an improper personal benefit.

**IN WITNESS WHEREOF**, under penalty of perjury, the undersigned subscriber(s) have executed these Articles of Incorporation this 20 day of APRIL 1998.

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**CERTIFICATE AND ACKNOWLEDGMENT  
OF REGISTERED AGENT**

FILED  
98 APR 30 PM 12: 2  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF REGISTERED AGENT**  
**OF**

**Signal Produce Services Inc.**

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 Agent/Registered Office in the State of Florida.

The name and address of the of the Registered Agent and Office is as stated immediately below:

John P. Haire  
520 Elsberry Rd.  
Apollo Beach, Fl. 33572

**ACKNOWLEDGMENT**

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, John P. Haire, hereby accept the appointment as Registered Agent and agree to act in this capacity. I, John P. Haire, 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.

  
\_\_\_\_\_  
Registered Agent