

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

500002513635---4 -05/06/98--01089--011 *****78.75 ******78.75

SUBJECT: Indepe	endent Signs, Inc. (Proposed corp	orate name - must include suf	fix)	<u> </u>
Enclosed is an original a	and one(1) copy of the article	les of incorporation and a c	check for :	٦
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	□ \$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	98 BIVISI
FROM: _I	Pleiman & Company, PA Name(Thomas C. Pleiman, (Printed or typed)	Jr.	SECRETARY OF COR
<u>.</u>	0149 Golfside Dr., Sui	ite 1 Address		OF STATE ON RPORATION
ند	Jacksonville, FL City	32256 y, State & Zip	·	Ø
_1	(904) 448–5005	Telephone number		

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

5,800

ARTICLES OF INCORPORATION

e undersigned incorporator, for the purpose of forming a corporation under the Florida siness Corporation Act, hereby adopts the following Articles of Incorporation.

TICLE I NAME

The name of the corporation shall be:

Independent Signs, Inc.

ARTICLE II PRINCIPAL OFFICE

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

5501-3 Beach Blvd.

Jacksonville, FL

32207

ARTICLE III SHARES

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

1,000

<u>ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

The name and Florida street address of the initial registered agent are:

Pleiman & Compnay, PA

Thomas C. Pleiman, Jr.

9140 Golfside Dr., Suite 1

Jacksonville, FL 32

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Pleiman & Compnay, PA

Thomas C. Pleiman, Jr.

9140 Golfside Dr., Suite 1

Jacksonville, FL 322

Signature/Incorporator

Date

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

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/Registered Agent

Date