

Charter Number Only

1/25/99  
P9900007454

Requestor's Name

Address

City

State

ZIP

Phone

VALUATION ONLY

800002754628--4

-01/26/99--01016--019

\*\*\*\*\*78.75 \*\*\*\*\*78.75

CORPORATION(S) NAME

Sky Graphics corp

99 JAN 26 PM 12:31  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED



Empire Toll Free: 1-800-432-3028

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Profit         | <input type="checkbox"/> Amendment          | <input type="checkbox"/> Merger                     |
| <input type="checkbox"/> NonProfit                 | <input type="checkbox"/> Foreign            | <input type="checkbox"/> Mark                       |
| <input type="checkbox"/> Limited Partnership       | <input type="checkbox"/> Dissolution        | <input type="checkbox"/> Other                      |
| <input type="checkbox"/> Reinstatement             | <input type="checkbox"/> Annual Report      | <input type="checkbox"/> Change of Registered Agent |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Reservation        | <input type="checkbox"/> Certificate Under Seal     |
| <input type="checkbox"/> Call When Ready           | <input type="checkbox"/> Photo Copies       | <input type="checkbox"/> After 4:30                 |
| <input checked="" type="checkbox"/> Walk In        | <input type="checkbox"/> Call If Problem    | <input type="checkbox"/> Mail Out                   |
| <input type="checkbox"/> Will Wait                 | <input checked="" type="checkbox"/> Pick Up |   |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

certified copy

99 JAN 26 AM 9:25  
OFFICE OF CORPORATION

## TRANSMITTAL LETTER

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

SUBJECT: SLY GRAPHICS CORP  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM: GRANT SLY  
Name (printed or typed)

1525 SW 101ST WAY #206  
Address

PEMBROKE PINES FL 33025  
City, State & Zip

442-0652  
Daytime Telephone number

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## 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.*

### ARTICLE I NAME

The name of the corporation shall be:

SLY GRAPHICS CORP

### ARTICLE II PRINCIPAL OFFICE

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

1525 SW 101ST WAY #206  
PEMBROKE PINES  
FLORIDA 33025

### ARTICLE III SHARES

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

100 SHARES \$1.00 PAR VALUE

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

GRANT SLY  
1525 SW 101ST WAY #206  
PEMBROKE PINES  
FLORIDA 33025



**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED 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: SLY GRAPHICS CORP
2. The name and address of the registered agent and office is:

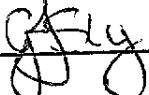
GRANT SLY  
(NAME)

1525 SW 101ST WAY #206  
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

PEMBROKE PINES FL 33025  
(CITY/STATE/ZIP)

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TALLAHASSEE FLORIDA

*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) 

1/25/99  
(DATE)