Division of Corporations

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Division of Corporations
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To:

Division of Corporations

Fax Number

: (850)922-4001

From:

Account Name

: INTEGRATED MANAGEMENT GROUP, INC.

Account Number : I19990000058

: (954)753-6042

Phone Fax Number

: (954)753-1123

FLORIDA PROFIT CORPORATION OR P.A

ACJ SIGNS, INC.

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION OF

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

ARTICLE ONE

NAME

The name of the corporation shall be:
ACJ SIGNS, INC.
1144 CEDAR FALLS DRIVE
WESTON, FL 33327

ARTICLE TWO

PRINCIPAL OFFICE

The principle place of business and mailing address of this Corporation shall be:

1144 CEDAR FALLS DRIVE WESTON, FL 33327

INTERGRATED MANAGEMENT GROUP, INC. 10139 NW 31st STREET SUITE 101 CORAL SPRINGS, FL 33065 (954)753-2222

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SECRETARY OF STATE
FALLAHASSEE FLORIDA

Sent By: ACCOUNTING OFFICES;

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ARTICLE THREE

CAPITAL STOCK

The number of shares of stock that this Corporation is authorized to have outstanding at one time is one thousand shares of common stock with a par value of one dollar.

ARTICLE FOUR

INITIAL REGISTERED AGENT & ADDRESS

The name and address of the initial registered agent is: CAROLINA HERNANDEZ 1144 CEDAR FALLS DRIVE WESTON, FLORIDA 33327

ARTICLE FIVE

INCORPORATOR

The name and address of the Incorporator is: CAROLINA HERNANDEZ 1144 CEDAR FALLS DRIVE WESTON, FLORIDA 33327

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The undersigned has executed these Articles of Incorporation this 20 TR DAY OF APRIL.

CERTIFICATE OF DESIGNATED REGISTERED AGENT

Pursuant to the previsions of section 607.0501 Florida Statutes, the Undersigned Corporation, under the Laws of the State of Florida submits to the following statement designating the registered agent in the State of Florida.

- 1. The name of the corporation is: ACJ SIGNS, INC.
- 2. The name and address of the registered agent CAROLINA HERNANDEZ 1144 CEDAR FALLS DRIVE WESTON, FLORIDA 33327

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Having been named as the Registered Agent and to accept service of process for the above stated corporation at the place designated in this Certificate, I accept the appointment as Registered Agent and agree to comply with the provisions of all the 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:

Date: A pril 20, 1999

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SECRETARY OF STATE
TAIL AHASSEF FLORING