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

			-07/15/9901 ****87.58	.056005 *****87.5(
Enclosed is an origina	l and one(1) copy of the article	es of incorporation and a o	check for:	
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL COI	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: SANDRA L. CAMPBELL  Name (Printed or typed)				£ - '
	GG19 FARRIS DRIVE  Address  Address  LAKELAND FL 33811-2552  City, State & Zip  ASS. 5			
	941-64	FL 33811-259 State & Zip 6-0094 elephone number		

 $\label{NOTE: Please provide the original and one copy of the articles.}$ 

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## ARTICLES OF INCORPORATION

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

ARTIC	LEI	NAME

The name of the corporation shall be:

esignomite Graphics, Inc.

# ARTICLE II PRINCIPAL OFFICE

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

P.O. Box 7875 LAKELAND, FL 33807-7875 LAKELAND, FL

6735 LEMON TREE DRIVE

### ARTICLE III SHARES

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

50

# INITIAL REGISTERED AGENT AND STREET ADDRESS

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

SANDRA L. CAMPBELL

6619 FARRIS DRIVE

LAKELAND, FL 33811-2552

### ARTICLE V **INCORPORATOR**

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

HICKMAN TARA 6735 LEMON TREE DRIVE LAKELAND, FL 33813

TARA HICKMAN

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