Pago Transmittabletter 9

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

600002843766--6 -07/28/99--01039--014 ****131.25 ******87.50

for:	\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
	FROM:	الانتار	. B. BARDOSA		199 JL 28
1110141.			(printed or typed)		丽宝 里口
		14744	72ct North-	1	3, 21 LORIDA
		Loxa HAT	cottes, FL 3	3470	_
		C	ity, State & Zip		
		561-70	10-5938		
		Daytim	e Telephone number		, , <u>,</u> , ,

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

(Proposed corporate name - must include suffix)

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:

PHOTO DESIGNS, INC.

ARTICLE II PRINCIPAL OFFICE

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

14744 72cT NORTH-1 LOXAHATCHEE, FC 33470

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

VIRGIL B BARDOSA III
14744 12CT NORTH
LOXAHATEHEE, R 33470

ARTICLE V INCORPORATOR(S)

The nam	e(s) and	street	address(es)	of the	incorporator(s	to these	Articles of	Incorpora-
tion is(a	re):							

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

25	day of Joly 19 99.
, 	Val BBALSA.
-	Signature

Articles of Incorporation Filing Fee - \$35

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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 OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name	of the corporation is:	SIGNS, TNC.
2. The name	e and address of the registered agent and o	office is:
Z. Me name	_	
	VIRGIL B. BARBOSAT	99
	(Name)	
	14744 72°T NORTH	28 ARY
	(P.O. Box not acceptable)	
	Loxa HATCHES FL 334	<u>ب</u> ح - ب
	(City/State/Zip)	DE 2
Having beer above stated the appoints to comply we mance of my as registered	n named as registered agent and to accept d corporation at the place designated in thin nent as registered agent and agree to act in ith the provisions of all statutes relating to duties, and I am familiar with and accept to diagent. (Signature)	service of process for the is certificate, I hereby accept in this capacity. I further agree the proper and complete perforthe obligations of my position 1.26.99
	(Olgnamie)	(Date)