TRANSMITTAL LETTER

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

SUBJECT: DOLLAR SIGNZ, INC (Proposed corporate name - must include suffix)								
Enclosed is an origin	nal and one(1) copy of the articles	s of incorporation and a o	sheck for :					
□ \$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					
FROM:	DIANE SIMPSON	AccounTAN.	T					
Name (Printed or typed)								
	8644 NW 29	<u></u>						
	Addres	s	99					
	CORAL Springs	Pl. 33065	A TI					
	City, State	& Zip	ω σ					
	954 796-0	0564						
▼	Daytime Telepho	ne number						

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

Also.

ARTICLE OF INCORPORATION OF

DOLLAR SIGNZ, INC.

The undersigned incorporator to these Articles of Incorporation, a natural person competent to contract, does hereby form a corporation under the laws of the State of Florida.

ARTICLE I

CORPORATION NAME

The name of the corporation is DOLLAR SIGNZ, INC.

ARTICLE II

NATURE OF BUSINESS

The corporation may transact any lawful business for which corporations may be incorporated under the Florida Business Corporations Act.

ARTICLE III

CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is One Thousand (1,000) shares of common stock. The consideration paid for each share shall be fixed by the Board of Directors from time to time.

ARTICLE IV

CERTIFICATES

Shares of the corporation must be evidenced by the issuance of certificates. The form and content of the certificates shall be prescribed by Florida Law.

ARTICLE V

ADDRESS

The initial street address of the principal office of this corporation is 5539 N. State Road 7, Fort Lauderdale, FL. 33319.

ARTICLE VI

TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VII

INDEMNIFICATION

Each director, stockholder and officer, in consideration for his services, shall in the absence of fraud, be indemnified, whether then or in office or not, for the reasonable cost and expenses incurred by him in connection with the defense of, or for advice concerning any claim or proceeding brought against him by reason of his being or having been a director, stockholder or officer of the corporation or of any subsidiary of the corporation, whether or not wholly owned, to the maximum extent permitted by law. The foregoing right of indemnification shall be inclusive of any other rights to which any director, stockholder or officer may be entitled as a matter of law.

ARTICLE VIII

INITIAL DIRECTOR

The name and address of the initial Director who shall hold office until her successor is elected and has qualified is:

Carol Strauss

5537 SW 8th Place Margate, Fl. 33068

ARTICLE IX

INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is as follows:

NAME Carol Strauss ADDRESS 5537 SW 8th Place Margate, Fl. 33068

ARTICLE X

REGISTERED OFFICE AND REGISTERED AGENT

The street address of the corporation's initial registered agent is 5537 SW 8th Place and the name of the initial registered agent at that office is Carol Strauss.

ARTICLE XI EFFECTIVE DATE

The initial date of incorporation shall be effective on the date this document is filed as evidenced by the Department of State's date and time endorsement on the original document.

ARTICLE XII

AMENDMENT

These articles of Incorporation may be amended in the manner provided by Florida Law.

The undersigned incorp Incorporation this $\underline{\mathcal{S}}$	orator h _ day of	as execu <i>Nwemb</i>	ted the	ese Articles (, 199 <u></u> .	of
Cath		andrik .	L		
Signature				-	

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 DOLLAR SIGNZ INC.			
2.	The name and address of the registered agent and office is:	E	99	
	CAROL STRAUSS	AND THE STATE OF T	NOV -8	
	5537 SW 8 PLACE (P. O. Box or Mail Drop Box NOT ACCEPTABLE)		W II: 04	
	MARGATE FL. 33068 (CITY/STATE/ZIP)		40	

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) (DATE)