

F00000005947
TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: IMAGE SERVICES, INC.
(Name of corporation— must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

THOMAS IANUZZI
(Name of Person)

IMAGE SERVICES INC.
(Firm/Company)

3210 SE BROOK ST
(Address)

STUART FL 34997
(City/State/Zip)

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*****87.50 *****87.50

Should you need to call someone concerning this matter, please call:

THOMAS IANUZZI at (561) 219-8934
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

NOTE: AFTER NOV 1, 2000 THE ADDRESS FOR
THOMAS IANUZZI WILL BE:
4243^{SW} MALLARD CREEK TRAIL
PALM CITY, FL 34990-2541

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00 OCT 16 PM 2:12

DEPT OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. IMAGE Services, Inc.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. NEW YORK

(State or country under the law of which it is incorporated)

3. 16-1265782 (EIN)

(FEI number, if applicable)

4. 12/30/1985

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. OCT 2000 (PLANNED)

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 3210 SE BROOK ST STUART, FL 34997

AFTER 11/1/00 4243 MALLARD CREEK TRAIL, PALM CITY FL 34990
(Current mailing address)

8. ALL

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: FLORIDA INCORPORATORS INC.

Office Address: 1221 BRICKWELL AVE, SUITE 900

MIAMI, FL 33131, Florida, 33131
(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above-stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By Mark Hankins
Mark Hankins (Registered agent's signature)
President

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

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CLERK OF DISTRICT COURT
MIAMI, FLORIDA

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: THOMAS IANUZZI

Address: 3210 SE BROOK ST
STUART FL 34997

Vice Chairman: JODY IANUZZI

Address: 3210 SE BROOK ST
STUART FL 34997

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: THOMAS IANUZZI

Address: (AS ABOVE)

Vice President: JODY IANUZZI

Address: (AS ABOVE)

Secretary: JODY IANUZZI

Address: (AS ABOVE)

Treasurer: THOMAS IANUZZI

Address: (AS ABOVE)

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TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Thomas Iannuzzi
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

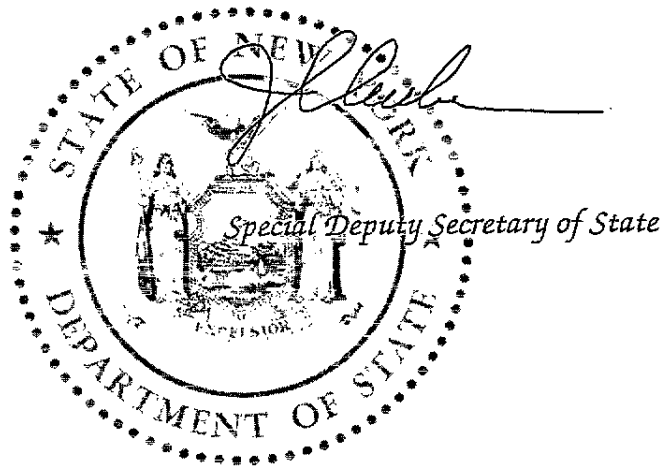
14. THOMAS IANUZZI
(Typed or printed name and capacity of person signing application)

NOTE: AFTER NOV. 1, 2000 THE ADDRESS FOR
THOMAS AND JODY IANUZZI WILL BE
4243^{SW} MALLARD CREEK TRAIL (4243 SW MALLARD CREEK TR;
PALM CITY, FL 34990-2541

**State of New York } ss:
Department of State**

I hereby certify, that the Certificate of Incorporation of *IMAGE SERVICES, INC.* was filed on 12/30/1985, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 01st day of September
two thousand.*



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