

# F020000000291

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: IMAGESOURCE OFFICE AUTOMATION, 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:

SUSAN BANKOSZ

(Name of Person)

COMPUTECH ACCOUNTING SYSTEMS, INC.

(Firm/Company)

11850 9TH ST N, STE 13114

(Address)

SAINT PETERSBURG, FL 33714

(City/State and Zip code)

600004775606--3  
-01/15/02--01046--002  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

For further information concerning this matter, please call:

SUSAN BANKOSZ at ( 727 ) 576-4998

(Name of Person)

(Area Code & Daytime Telephone Number)

Name	STREET ADDRESS:
Availability	Registration Section
Document	Division of Corporations
Examiner	409 E. Gaines St. Tallahassee, FL 32399
Updater	DCC
Updater	Enclosed is a check for the following amount:
Verifier	<input checked="" type="checkbox"/> \$70.00 Filing Fee
acknowledgement	DCC
P. Verifier	DCC

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

F020000000291

**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. IMAGESOURCE OFFICE AUTOMATION, 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. DELEWARE 3. 52-2220147  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 02-25-2000 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification."  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 3770 10TH STREET NE, ST PETERSBURG, FL 33703  
(Principal office address)  
3770 10TH STREET NE ST PETERSBURG, FL 33703  
(Current mailing address)
8. COPIER SALES  
(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: BARBARA FARNSWORTH  
Office Address: 3770 10TH ST NE  
SAINT PETERSBURG, Florida 33703  
(City) (Zip code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.*

Barbara A Farnsworth

(Registered agent's signature)

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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

B. OFFICERS

President: DAVID FARNSWORTH

Address: 3770 10TH STREET NE  
ST PETERSBURG, FL 33703

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: \_\_\_\_\_

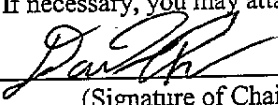
Address: \_\_\_\_\_  
\_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA

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

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

14. DAVID FARNSWORTH, PRESIDENT  
(Typed or printed name and capacity of person signing application)

# Delaware

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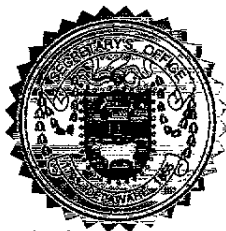
*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IMAGESOURCE OFFICE AUTOMATION INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF JANUARY, A.D. 2002.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

3183456 8300

AUTHENTICATION: 1538049

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DATE: 01-03-02