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(F	Requestor's Name)			
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PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				





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COVER LETTER

TO: Registration Section			
Division of Corporations			
Imaging Systems & Consultatio	n Services, Ir	c.	
SUBJECT:Name of	cornoration	- must include suffix	
· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • •		
Dear Sir or Madam:			
The enclosed "Application by Foreign Corp "Certificate of Existence," or "Certificate of above referenced foreign corporation to train	f Good Stan	Authorization to Transact Business in Florida," ding" and check are submitted to register the ss in Florida.	
Please return all correspondence concerning Henry Katz	g this matter	to the following:	
	Name of	Person	
Imaging Systems & Consultation Services. Inc	1,44110		
	Firm/Com	nany	
12553 Via Valenza	rimi/Con	pany	
	Addre	ess	
Boynton Beach, FL 33436			
	City/State a	nd Zip code	
henry.katz@iscs-i.com	City/State a	ind any code	
•	(to be used	for future annual report notification)	
E-man address.	(10 00 0000	,	
For further information concerning this ma	tter, please	call:	
Henry Katz	917	225.6281	
	ıt (
Name of Person	Area Cod	e Daytime Telephone Number	
		MAH ING ADDDESS.	
STREET/COURIER ADDRESS:		MAILING ADDRESS: Registration Section	
Registration Section Division of Corporations		Division of Corporations	
Clifton Building		P.O. Box 6327	
2661 Executive Center Circle Tallahassee, FL 32301		Tallahassee, FL 32314	
Enclosed is a check for the following amo	unt:		
□ \$70.00 Filing Fee ■ \$78.75 Filing Certificate of		\$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certified Copy Certified Copy	

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. Imaging Systems & Consultation Services. Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated)

(FEl number, if applicable) 2. _____ 12/22/1993 (Date of incorporation) 1/1/2019 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 12553 Via Valenza, Boynton Beach, FL 33436 (Principal office address) څ (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc Name: 7901 4th St N STE 300 Office Address: St. Petersburg

9. 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.

(City)

10. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: Address: ত B. OFFICERS Henry Katz President: 12553 Via Valenza Address: Boynton Beach, FL 33436 ふ Vice President: Address: Secretary: Treasurer: Address: NOTE: If necessary, you may attachlan addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. (Typed or printed name and dapacity of person signing application)

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "IMAGING SYSTEMS AND CONSULTATION

SERVICES 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

SIXTH DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IMAGING SYSTEMS

AND CONSULTATION SERVICES INC." WAS INCORPORATED ON THE TWENTY
SECOND DAY OF DECEMBER, A.D. 1993.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 202385049

Date: 03-06-19