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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 541-3694
Fax Number : (305) 541-3770

Attn: Bobbie

FLORIDA PROFIT CORPORATION OR P.A.
INTERNATIONAL PHOTOGRAPHIC SUPPLIERS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION
OF
INTERNATIONAL PHOTOGRAPHIC SUPPLIERS, INC.

ARTICLE I. NAME

The name of the corporation shall be INTERNATIONAL PHOTOGRAPHIC SUPPLIERS, INC.

ARTICLE II. PRINCIPAL OFFICE

The initial principal place of business & mailing address is:
836 N.E. 17th Way, Ft. Lauderdale, FL 33304.

ARTICLE III. PURPOSE OF BUSINESS

This corporation may engage in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE IV. SHARES

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares of common stock having a par value of \$1.00 per share.

ARTICLE V. OFFICERS/DIRECTORS

This corporation shall have its officers act as Directors. The name and street address of the President is: Paulina Martinez, 836 N.E. 17th Way, Ft. Lauderdale, FL 33304.

ARTICLE VI. REGISTERED AGENT

The name & Florida street address of the registered agent is:
Daniel G. Gass, 10001 NW 50th Street, Suite 204, Sunrise, FL 33351.

ARTICLE VII. INCORPORATOR

The name and address of the incorporator is: Daniel G. Gass, 10001 NW 50th Street, Suite 204, Sunrise, FL 33351.

I hereby accept the appointment as Registered Agent & agree to act in this capacity.

X  4/4/00
Daniel G. Gass, Registered Agent Date

I hereby accept the duties and responsibilities as incorporator of said corporation.

X  4/4/00
Daniel G. Gass, Incorporator Date

Prepared by: Daniel G. Gass, Esquire
10001 NW 50th Street, #204, Sunrise, FL 33351
FL Bar No. 19569 (954) 741-8228 Fax Audit: _____
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