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TRANSMITTAL LETTER

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

SUBJECT:	— Image Solutions Inc	.#L	-05/30/0001) *****87.50 *	(21(*****	001 87.50		
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)							
Enclosed is an o	riginal and one (1) copy of the artic	cles of incorporation and a cl	SECIAL MARKET TALL AHASSEN	00 NAY 30	Ë -		
S70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	PH 10: 11	Ü -		
F	ROM: <u>Maureen T.</u> Name	Fisher (Printed or typed)					
8069 Stirrup Cay Court Address Boynton Beach, Florida 33436 City, State & Zip					·		
					\$		
	(561) 364-8966						
Daytime Telephone number							

r charges

JUN

6 2000

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

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ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. ARTICLE I NAME Image Solutions inc.	(Profit)	
ARTICLE II PRINCIPAL OFFICE 8069 Stirrup Cay Court Boynton Beach, Fl 33436		
ARTICLE III PURPOSE Marketing and Information Services		FILED OD MAY 30 PM IO: 11 SECHEDARY OF STATE MILAHASSEE, FLORIDA
ARTICLE IV SHARES 1000	<u>-</u> .	FILED 30 PHIO: ANY OF STR
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) Maureen T. Fisher Owner Charles E. Fisher II President)	DA T
ARTICLE VI REGISTERED AGENT Maureen T. Fisher 8069 Stirrup Cay Court Boynton Beach, Fl 33436	_	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Maureen T. Fisher 8069 Stirrup Cay Court		
Boynton Beach, Fl. 33436 Having been named as registered agent to accept service of process certificate, I am familiar with and accept the appointment as registered.	s for the above stated corporation at the perecent and agree to act in this capac	olace designated in this ity.
Maureen 7 Aslex	<u>.</u> 5/a	26/2000 _
Signature/Registered Agent	·	Date

TAster

Signature/Incorporator