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Florida Department of State

Division of Corporations

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To: Division of Corporations
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FLORIDA PROFIT CORPORATION OR P.A.**ALTERED IMAGINATIONS INC.**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

H01-63594

Articles of Incorporation

Article 1: Name of Corporation: **ALTERED IMAGINATIONS INC.**

Address of Corporation: **948 GREENSWARD LANE
DELRAY BEACH, FLORIDA 33445**

Article 2: Capital Stock: The number of shares which the corporation has authorized to be outstanding at any one time is **5,000**, with a par value of **\$1.00**.

Article 3: REGISTERED AGENT: **SHAWN ROSS**

REGISTERED OFFICE: **948 GREENSWARD LANE
DELRAY BEACH, FLORIDA 33445**

*I am familiar with and hereby accept the duties and responsibilities as Registered Agent for said corporation.



Signature of Registered Agent

Article 4: The Board of Directors are: (Board of Directors is NOT REQUIRED).
First listed is President, Second is Vice President, then Secretary/Treasurer.

- 1.
- 2.
- 3.

Article 5: The NAME and ADDRESS of the INCORPORATOR is:

**SHAWN ROSS
948 GREENSWARD LANE
DELRAY BEACH, FLORIDA 33445**

In witness whereof, I have subscribed my name:



Signature of Incorporator

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