TRANSMITTAL LETTER Pepartment of State Division of Grant (1)

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

300004531013--0 -08/13/01--01115--005 *****87.50 *****87.50

SUBJECT:

FOTOCARD INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an origin	al and one(1) copy of the article	es of incorporation and a	check for:	
□ \$70.00 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	
FROM:	Fernando Cancel Name (Printed or typed)			
1008 N. LAKE DR.				
	SAN FORD FL, 3 City, S (407) 688-26	tate & Zip	2001 AUG 13 PM 1:28 SECRETARY OF STATE TALLAHASSEE FLORIDA	

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

J 8/15/01

	
ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	<u> </u>
ARTICLE I NAME	100 mm m m m m m m m m m m m m m m m m m
The name of the corporation shall be:	B I beer form bart.
FOTOCARD INC.	2001 AUG 13 PM 1: 28
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	SECRETARY OF STATE TALLAHASSEE FLORIDA
3665 S. ORLANDO DR SUITE 434	
SANFORD, FLORIDA 32773	
ARTICLE III PURPOSE	•
The purpose for which the corporation is organized is:	
to MARKET, sell and Service Identification	PROJUCTS AND SYSTEMS
to MARKET, sell and Service Identification for Business, Medical and school A	and set and
ARTICLE IV SHARES	MILLENTONS.
The number of shares of stock is:	. "
1000 SHARES	-
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional The name(s) and address(es):	2
The name(s) and address(es).	
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A DELOY EL ATT. DECYCETEDED A CENTE	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:	
Fernando Cancel 1008 N. Lake DR	
SAN FORD, FL 32773	<u>-</u>
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	·
Fernando A. CANCE	
1008 N. LAKE DP.	
SANfORD, FL 32773	1
**************************************	*********
Having been named as registered agent to accept service of process for the above sta certificate, I am familiar with and accept the appointment as registered agent and agr	

Signature/Registered Agent Date

Signature/Incorporator Date