

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

P020000026943

Imagination Video Services, Inc.

**FILED**

02 MAR 12 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700005097217--6

-03/12/02--01054--011

\*\*\*\*\*78.75 \*\*\*\*\*78.75

RECEIVED

02 MAR 12 AM 11:14

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Signature \_\_\_\_\_

Requested by: \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

- ☒ Art of Inc. File \_\_\_\_\_
- \_\_\_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_\_\_ Foreign Corp. File \_\_\_\_\_
- \_\_\_\_\_ L.C. File \_\_\_\_\_
- \_\_\_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_\_\_ Merger File \_\_\_\_\_
- \_\_\_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- \_\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_
- ☒ Cert. Copy \_\_\_\_\_
- \_\_\_\_\_ Photo Copy \_\_\_\_\_
- \_\_\_\_\_ Certificate of Good Standing \_\_\_\_\_
- \_\_\_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_\_\_ Officer Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_\_\_ Driving Record \_\_\_\_\_
- \_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_\_\_ Courier \_\_\_\_\_

## **ARTICLES OF INCORPORATION**

The undersigned incorporator, for the purpose of forming a corporation under the Florida Corporation Act, hereby adopts the following Articles of Incorporation.

### **ARTICLE I NAME**

The name of the corporation shall be:

**Imagination Video Services, Inc.**

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

270 Calle Escada  
Santa Rosa Beach, Florida 32459

### **ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time shall be:

One Thousand Shares  
One Dollar (\$1.00) par value

### **ARTICLE IV INITIAL REGISTERED OFFICE AND AGENT**

The name and address of the initial registered agent is:

Michael L. Weimorts, Esquire  
Weimorts & Whitehead, P.A.  
4507 Furling Lane, Suite 209  
Destin, Florida 32541

**FILED**  
02 MAR 12 PM 12:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V  
INCORPORATOR**

The name and street address of the Incorporator to these Articles of Incorporation is:

**Name**

**Address**

Pamela R. Boykin

270 Calle Escada  
Santa Rosa Beach, FL 32459

**ARTICLE VI**

The name and street address of the initial Director(s) of the Corporation are:

**Name**

**Address**

Pamela R. Boykin

270 Calle Escada  
Santa Rosa Beach, FL 32459

The undersigned incorporator has executed these Articles of Incorporation this 20<sup>th</sup> day of February, 2002.

  
Pamela R. Boykin, Incorporator

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT AND OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.051 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

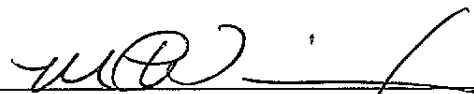
**Imagination Video Services, Inc.**

2. The name and address of the registered agent and office is:

**Michael L. Weimorts, Esquire  
Weimorts & Whitehead, P.A.  
4507 Furling Lane, Suite 209  
Destin, Florida 32541**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

DATED this 11~~th~~ day of March, 2002.

  
\_\_\_\_\_  
Michael L. Weimorts, Registered Agent

**FILED**  
02 MAR 12 PM 12:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA