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Division of Corporations

: (850)205-0381 Fax Number

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

FLORIDA PROFIT CORPORATION OR P.A.

DIGITAL COPIER SOLUTION, INC.

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 7, 2003

EMPIRE CORPORATE KIT COMPANY

SUBJECT: DIGITAL COPIER SOLUTION, INC.

REF: W03000006576

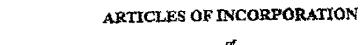
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(4)		οt			
	DIGITAL	COPIER SOLUTIO	n. INC		
	- Printer	(name of co			-
The undersigned curporation under	subscriber(s) to the r the laws of the St	ese Artisias of Incorporationate of Florids.	m, natural person(s) e	competent to contract, hereby form	P.
The name of the	corporation is:	ARTICLE I - COR	PORATE NAME		
		TAL COPIER SOLU	TION, INC		•
		-,			
		ARTICLE II -	DURATION		93
This corporation	shail exist perpent	ally unless dissolved accor	ding to Florida law.		03 MAR -7
		ARTICLE III	PURPOSE	,	=
The corporation United States and	is organized for the d the State of Florid	: purpose of engaging in ar is.	y activities or busine	as permitted under the laws of the	C. 2.1
		ARTȚCLE IV- CA	PITAL STOCK		
The corporation Dollar(s) (5_1	is authorized to iss	ren thousand value Common Stock. Whi	shares (10 000 ch shall be designated	of <u>ONE</u> i "Common Shares",	
	ARTI	CLE V • INITIAL REGIST.	ered office and	AGENT	
The street address	s of the Initial Reg	istored Agent office and th	name of the Initial I	Registered Agent at that office is:	
NAME OMAL	R RODRIGUEZ				
ADDRESS 3	401 north	country club dr.	# 405		
CITY AV	entura		FLORIDA	21P 33180	
The principal offi	ice. If known, or th	s mailing eddrass of the co	sporation is:		
		SOLUTION INC			J
ADDRESS	3101 North	Country Club Da			4
CITY	Aventura		FLORIDA	ZIP 3318	ليسير
	H 030	00072492		Dally Business Review - 07	/34

	, t	ARTICLE VI - INITIAL BOARD OF D	HECTORS	
increased of	stion shall haveOn, diminished from time to director(s) of the corpo	a (] directors in to time by the By-Laws, but shall never presion are as follows:	nitially. The number of be less than one (1).	of directors may be sithm. The names and addresses
NAME	omar rodrigu	187		
ADDRESS	3401 North	Country Club Drive #	405	
CITY	Aventura	STATE	FL	ZIP33180
NAME				
ADDRESS		`		
an		STATE		ZIP
NAME				
ADDRESS				
CITY		STATE		ZIP
ADDRESS CITY NAME	Omar Rodrique 3401 N. Coun	ntry Club Drive # 405 STATE	F1.	2/233180
AODRESS				
cny		STATE		21P
NAME	· ·			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
<u>ADDRESS</u>				
CTTY		STATE	<u> </u>	ZIP
IN WITNES day of	S WHEREOF, the inde	entigned subscriber(s) have executed the	ese Articles of Incorp	(Scal)
				Trill's Danisage Touline Agence

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CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT OF

DIGITAL CORIFE SOLUTION,	name of corporation)
--------------------------	----------------------

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

has named Omar Rodriguez
located at the aforesaid address, as its Registered Agent to accept service of process within

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

H 03000072482

Daily Business Review - 07/04

TOTAL P. 84

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EMPIRE CORP

this state.