P04000101434

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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TRANSMITTAL LETTER

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

| SUBJECT: | LAIRIMAGE P | HoTO INC. | | |
|---|--|--|--|--|
| | (PROPOSED CORPORA) | TÉ NAMÉ – <u>MÚST INCLU</u> | DE SUFFIX) | |
| Enclosed is an original and one(1) copy of the articles of incorporation and a check for: | | | | |
| ☐ \$70.00 Filing Fee | \$\times \\$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: Name (Printed or typed) | | | | |
| 1939 N- 9(ADES DK. #9 | | | | |
| N. MIA BCH FLA 33/62 City, State & Zip | | | | |
| 796-290-9665 Daytime Telephone number | | | | |

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

| ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) | · |
|---|--|
| ARTICLE I NAME The name of the corporation shall be: | |
| CLAIRIMAGE PHOTO INC. | ALL ALL |
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: | FIL AHASS |
| 13995 N.W 7TH AVE # A21 N. MIAFLA 33169 | |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: | # 28 ORIUA |
| COMPANY BUSI NICERES! | |
| The number of shares of stock is: | |
| ARTICLE V INITIAL OFFICERS/DIRECTORS (option | nal) |
| The name(s) and address(es): PAULINE PAUL (PRESIDENT) 1939N 1 VES JOSEPH (VICE PRESIDENT) 4367 2 | CRUNGE AVE # 110 OKLANDO FLA 329. |
| ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: | e de la companya del companya de la companya de la companya del companya de la co |
| M. YVES JOSEPH | |
| ARTICLE VII INCORPORATOR The name and address of the Incorporator is: | 9 32839 |
| PAUL, AULINE | |
| 1939 V. PCADES DRIVE # 9 N. MIA BCH | !************************************* |
| Having been named as registered agent to accept service of process for the above certificate, I am familiar with and accept the appointment as registered agent and | |
| M. M. H. Senatura/Registered Agent | 06/21/04/ Date |
| Signature/Incorporator | 06/21/04 Date |