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# Florida Department of State

Division of Corporations Public Access System

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## FLORIDA PROFIT CORPORATION OR P.A.

Imaging Marketing Consultants Inc.

Certificate of Status	1
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#### ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Imaging Marketing Consultants Inc.

ARTICLE II PRINCIPAL OFFICE

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

Imaging Marketing Consultants Inc. 7490 SW 161 Place Miami, FL 33193 04 COT - 1 PM 1:51

#### ARTICLE III SHARES

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

100 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

Mariana Carrion 7490 SW 161 Place Miami, FL 33193

Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

## ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Mariana Carrion-President 7490 SW 161 Place Miami, FL 33193

## ARTICLES VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Mariana Carrion 7490 SW 161 Place Miami, FL 33193

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

30th day of September 2004.

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	Imaging Marketing Consultants Inc.	
2. The name and address of the register	ed agent and office is:	
		2. P. T.
	Mariana Carrion	
	Name	
	7490 SW 161 Place	
	(P.O. Box or Mail Drop Box NOT Acceptable)	THE TO
	Miami, FL 33193	c)
,	(City / State / Zip)	•
agent and agree to act in this capacit	n this certificate, I hereby accept the appointment as registered by. I further agree to comply with the provisions of all the statute verformance of my duties, and am familiar with and accept the ed agent.	<b>:</b> S
Mariana Carrion SIGNATURE	September 30, 2004 (Date)	