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TRANSMITTAL LETTER

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

SUBJECT: Digi	tal Darkroom Experi (PROPOSED CORPORA	TE NAME - MUST INCL	ODASU(TX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l 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 PPY REQUIRED
FROM:	Robert M. Wolf	e (Printed or typed)	
	9658 Clinton Corr	ners Drive Address	
	Jacksonville, F	FL . 32222 v, State & Zip	

(904) 610-5220

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

Daytime Telephone number



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 27, 2005

ROBERT M. WOLF 9658 CLINTON CORNERS DR. JACKSONVILLE, FL 32222

SUBJECT: DIGITAL DARKROOM EXPERTS, INC.

Ref. Number: W05000035641

We have received your document for DIGITAL DARKROOM EXPERTS, INC. and your check(s) totaling \$78.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6840.

Bruce W Kitchens Document Specialist New Filings Section

Letter Number: 505A00048874

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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:

Digital Darkroom Experts, Inc.

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PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is:

9658 Clinton Corners Drive Jacksonville, FL. 32222

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

Photography

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

President = Robert M. Wolf 9658 Clinton Corners Drive

Jacksonville, FL. 32222

Sec.-Treasure= Judith E. Wolf

9658 Clinton Corners Drive

FL. 32222

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Judith E. Wolf 9658 Clinton Corners Drive Jacksonville, FL. 32222

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Same as above

Judith E. Wolf 9658 Clinton Corners Drive Jacksonville, FL. 32222

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity