## P05000141163

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/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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Office Use Only



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## **COVER LETTER**

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

SUBJECT:	DP Imagi	NG, INC	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original	ginal and one (1) copy of the arti	cles of incorporation and	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 PY REQUIRED
FROM:	4752 Meas	PLUE (Printed or typed)  EL DRIVE Address  ACHEY, FL State & Zip	34653
	727-375-2447  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)	
The name of the corporation shall be:  DP IMAGING INC.	
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  4752 Neagel DRIVE	
New TORT RICHEY, FL 34653	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
TO FORM OWN busINESS	T
	7. C. 86
ARTICLE IV SHARES The number of shares of stock is:	1 日 日
The number of shares of stock is:	7 T
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):	3: 00 STAIÉ FLORID
DONALD PLUE, DIRECTOR	DA O
4752 WUSEL DRIVE	
New Port Richey F34653	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of	the registered agent is:
LONA ID TILE	
4752 WRASEL DR	
New Yort Kichey FL 34653 ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
DONAID A. PLLE	
Apor Port Richey FL 34653	
Having been named as registered agent to accept service of process for the above	**************************************
certificate, Nam familiar with and accept the appointment as registered agent and ag	gree to act in this capacity
Tould / Ille.	10-13-2005
Signature/Rogistered Agent	Date
Akmald (I Aller	10-13-2005 Date 10-13-2005
Signature/Incorporator	Date