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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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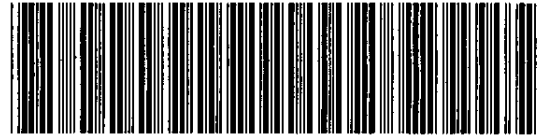
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/19/06--01008--026 **78.75

FILED
06 MAY 19 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DATE

05/15/06

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

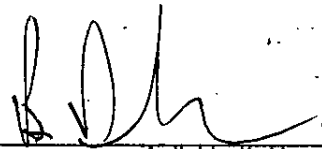
Re: Outer Image, Inc.
(Name of Corporation)

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$ 78.75

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.



(Individual's Name)
Brian D. Schuman

Outer Image, Inc.

(Name of Corporation)

MAILING ADDRESS OF CORPORATION

P.O. Box 1869

Inverness, FL. 34451

PHONE

(352) 303-4606

Area Code

Number

Ext.

ARTICLES OF INCORPORATION

of

Outer Image, Inc.

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

ARTICLE I - CORPORATE NAME

The name of the corporation is:

Outer Image, Inc.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 1,000 shares of common stock, par value \$ 1.00 per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS			
798 Fort Foster Circle			
CITY	Bushnell	FLORIDA	ZIP 33513

Mailing address, if different

STREET ADDRESS			
P.O. Box 1869			
CITY	Inverness	FLORIDA	ZIP 34451

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	Brian D. Schuman		
ADDRESS	798 Fort Foster Circle		
CITY	Bushnell	FLORIDA	ZIP 33513

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ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have two (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

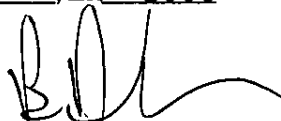
NAME	Brian D. Schuman		
ADDRESS	798 Fort Foster Circle		
CITY	Bushnell	STATE	Florida
ZIP	33513		
NAME	Sandra D. Schuman		
ADDRESS	798 Fort Foster Circle		
CITY	Bushnell	STATE	Florida
ZIP	33513		
NAME			
ADDRESS			
CITY		STATE	
ZIP			

ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Brian D. Schuman		
ADDRESS	798 Fort Foster Circle		
CITY	Bushnell	STATE	Florida
ZIP	33513		
NAME	Sandra D. Schuman		
ADDRESS	798 Fort Foster Circle		
CITY	Bushnell	STATE	Florida
ZIP	33513		
NAME			
ADDRESS			
CITY		STATE	
ZIP			

The undersigned incorporator(s) have executed these Articles of Incorporation this 15th day of May, 19 2006.

 (Signature)

 (Signature)

____ (Signature)

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE**

Outer Image, Inc.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

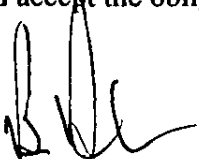
at 798 Fort Foster Circle

Bushnell, FL. 33513

has named Brian D. Schuman

located at the aforesaid address, as its registered agent to accept service of process within this state.

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Signature)

5-16-06

(Date)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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