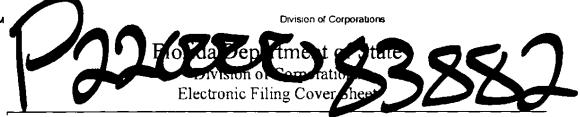
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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : RCA ACCOUNTING SERVICES CORP

Account Number : I20180000102 Phone : (305)799-7633 Fax Number : (786)783-3650

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:					

FLORIDA PROFIT/NON PROFIT CORPORATION Imagolab Corp

Certificate of Status	1
Certified Copy	0
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Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corp	ME oration shall be: IMAGOLAB CORP				
ARTICLE II PRI	NCIPAL OFFICE Principal <u>street</u> address	Mailing address, if different is:			
11250 SW 44Th	11250 SW 44TH ST #112 11250 SW 44TH ST #112				
MIRAMAR FI	MIRAMAR, FL 33025 MIRAMAR, FL 33025				
ARTICLE III PUR	<u>IPOSE</u>	ND ALL LAWFUL BUSINESS	-		
			- -		
ARTICLE IV SHA	ARES s of stock is: <u>100</u>	2027 KCV - I; PH	_ 		
ARTICLE V IN	TIAL OFFICERS AND/OR DIRECTORS	ထ္	مد ر انورها		
Name and T	Title: VALENTINA SARTORI PACIFICI	(P) Name and Title:			
Address	11250 SW 44TH ST #112	Address:	_		
	MIRAMAR, FL 33025				
Name and T	ide:	Name and Title:			
Address		Address:			

Name and Title:	Name and Title:		
Address	Address:		
			
No. of The	Name and Title		
Name and Title:			
Address	Address:		-
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT ac	cceptable) of the registered agent is:		
Name: VALENTINA SARTORI PACIFICI			
Address: 11250 SW 44TH ST #112			
MIRAMAR, FL 33025			
		2022	
ARTICLE VII INCORPORATOR		- A5H 220Z	
The name and address of the Incorporator is:		4-4 PH 8:44	
Name: VALENTINA SARTORI PACIFICI			: 1 : - 2 : - 2
Address: 11250 SW 44TH ST #112		. 	[€] ~~
MIRAMAR, FL 33025		ŧ.	
ARTICLE VIII EFFECTIVE DATE:			
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific a	(OPTIONAL) and cannot be more than five days prior	or 90 days after the filli	ıg.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 fumiliar with and accept the appointment as registered agent and agree to act in this capacity

Valentina Satori Pacifici 11/03/2022

Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.

Valentina Satori Pacificii 11/03/2022

Date

