99100000005 TRANSMITTAL LETTER

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

0000c01.		LMPRINTS, J	d	
			90000 -02/ ***	121013090 /28/9701090001 ***78.75 *****78.75
Enclosed is an original	and one (1) co	py of the articles of	incorporation a	and a check
for: \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	s122.50 Filing Fee & Certified Copy Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate Required	<u>7</u> 60 9 1
FROM:	GARY Name	(printed or typed)		FILE FB 28
	<u>St.</u>			
	603	35/97		
	(813	3) 228 - 66	64	12
	Daytim	e Telephone number		

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

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.

NAME ARTICLE I

The name of the corporation shall be:

ARTICLE I NAME

DIPPOPATION Shall be:

THORESSIVE THORINTS, TUC.

ARTICLE II PRINCIPAL OFFICE

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

1105 W. ADALEE ST. TAMPA, FL 33603

ARTICLE III SHARES

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

1000 shares of ONE DOLLAR (#100) PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

GARY M. HENDERSON 1105 W. ADALEE ST. TAMPA, FL 33603

ARTICLE V INCORPORATOR(S)

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

GARY M. HENDERSON 1105 W. ADALEE ST. TAMPA, FL 33603

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

27TH day of FEBRUARY 1997.

Signature

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name	of the corporation is:	IM	1 PRESSIVE	IMPR	ints, In	ic.
2.	The name	and address of the reg	istered	agent and office is	s:		
		GARY	M.	HENDERS	SON		
			(Na	me)			
		1105	<u>ω.</u>	ADALEE S	},	7.0 9	
	•	(P.O. Box or N	Aail Dro	p Box NOT accept	able)		
		TAMPA	F.F	L 33603 ate/Zip)		[B 2]	FIL
			1City/St	ate/Zip)			T
						52 p	
На	aving been	named as registered a	gent an	d to accept service	e of process	for the	Ó
ab th	ove stated	l corporation at the place and as registered agen	e design tand ac	inated in this certi gree to act in this (ficate, I here capacity. I fu	eby accept uriner agree	
to	comply wi	named as registered a l corporation at the place nent as registered agen th the provisions of all s my duties, and I am fam	statutes	relating to the pr	oper and cor	nplete per-	
tic	nnance ui i on as regisi	ny duties, and i ani iain tered agent.	iliai vvit	n and accept the	oungations c	n nny posi	
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				21	27/97		
_	· · · · · · · · · · · · · · · · · · ·	(Signature)			(Date)		