

5:22 PM

TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4001

FROM: EMPIRE CORPORATE KIT COMPANY

ACCT#: 072450003255

CONTACT: RAY STORMONT PHONE: (305)541-3694

FAX #: (305)541-3770

NAME: COPYTRAK, INC.

AUDIT NUMBER...... H98000013424

DOC TYPE..... FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS... CERT. COPIES.....1

PAGES..... 4

DEL.METHOD.. FAX

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AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

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P.01/04

EMPIRE CORPORATE KIT

20-13-38 18:02

ARTICLES OF INCORPORATION

Â)		OF INCORPORATION	V
G		of	
	COPYTRA	K, INC.	
:		ame of corporation)	
The undersigned subscriber corporation under the laws	(s) to these Articles of In of the State of Florida.	corporation, natural person(s) com	petent to contract, hereby form
The name of the corporation	ARTICLI	E I - CORPORATE NAME	•
	COPYTRAK	- TNO	
		,	- 20 S
:		CLE II - DURATION	LAND JE T
This corporation shall exist p	erpetually unless dissolv	ed according to Florida law.	ILE 21 SSEE, GI
		CLE III • PURPOSE	D STATE FLORIDA
Juited States and the State of		ng in any activities or business peri	mitted under the laws of the
The corporation is analysis	ARTICLE	IV- CAPITAL STOCK	
Pollar(s) (\$ _ 1.00	to issue <u>one thousa;</u>) par value Common Stoo	nd shares (1,000) of or ck, which shall be designated "Com	te Imon Shares".
	•	EGISTERED OFFICE AND AGEN	
he street address of the Initial	Registered Agent office	and the name of the Initial Register	T Od Agent at ther office in
AME Mary Ellen	Marshall		e and ottice is:
DDRESS 1600 West (Cakland Fark B1	vd. Suite 200	
TY Fort Lauderdale	3	FLORIDA	
e principal office, if known, o	or the mailing address of r	the corporation is:	ZIP33311
ME COPYTRAK, INC			·
DRESS 1600 West Oa	kland Park Bou	Levard, Suite 200	
Y Fort Lauderd:	aie	FLORIDA	
Sandra Allan - En: 2553 Bessie Street Delrau Bessie	rolled Agent		ZIP ³³³³¹¹
Delray Beach, FL	(361) 740. 317	6 Han-	

TUL-20-1998 18:03 EMPIRE CORPORATE KIT

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have TWÖ	OF DIRECTORS
increased or diminished	V 94
of the initial disputation from time to time by the Bull on	directors initially. The purpher of the
the corporation are se follows	s. but shall never be less than one (1) and directors may be either
	directors initially. The number of directors may be either so, but shall never be less than one (1). The names and addresses
N/ A B area	
NAME Married	

		The names and addresses
NAME Mary	Ellen Marshall	·
ADDRESS 1600	watshall	
2500	West Oakland Park Boulevard, s	
	<u>ニーベル</u> ニナバサでき [、]	uite 200
	opher G. Marshall	Florida
ADDRESS	Marshall	ZIP 33311
CITY	O West Oakland Park Boulevard	
NAME FORE Laud	erdale <u>soulevard</u>	Suite 200
NAME	STATE F	lorida zp33311
ADDRESS		Zib22311
CITY		
	STATE	777
	-	ZIF

ARTICLE VI I - INCORPORATORS

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

	aiors signing these Articles of Incorp	Poration are se Falt.
Torten Wals	hall	
1600 West Oakl	and no	
CHY Fort Lauderdale		Suite 200
ADDRESS	STATE P	loria
CITY		ZIB3311
NAME	Dra to	
ADDRESS	STATE	ZIP
CITY		
	STATE	
_	ording.	ZIP
N WITNESS WITTEN		

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 20

(Seal) (Seal)

H98000013424

HABOOO13494 CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT OF

COPYTRAK, INC.		
(name of corporation)		
•		
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:		
the above corporation, desiring to organize under the laws of the State of Florida with		
its registered office as indicated in the Articles of Incorporation		
at 1600 West Oakland Park Boulevard, Suite 200		
Fort Lauderdale, Florida, 33311		
has named Mary Ellen Marshall		
located at the aforesaid address, as its Registered Agent to accept service of process within		
this state.		
ACKNOWLEDGEMENT		
Having been named as Registered Agent to accept service of process for the above stated		
corporation at the place designated in this certificate, and being familiar with the obligations of that position at the place designated in this certificate, and being familiar with the obligations of that position at the place designated in this certificate, and being familiar with the obligations of that position at the place designated in this certificate, and being familiar with the obligation of the process for the above stated	ç	
tions of that position, I hereby accept to act in this capacity, and agree to comply with the		
provisions of Florida Law in keeping open said office.	יי	
LIVE CALL STATE OFFICE	- 2	

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(registered agent)