TRANSMITTAL LETTER

P98000107497

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

400002723304---4 -12/28/98--01078--004 *****78,75 ******78,75

SUBJECT:	MAGING Solutions	Loc.
Enclosed is an origin		ate name - must include suffix) SECRETARY OF THE PROPERTY OF
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 S87.50 S77 Filing Fee Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM	Name (Pr	and Je. inted or typed) emont Place ddress
	Orlando, Flando, Flando, Elity, S	OVIDA 32808 State & Zip
	407 - 292- Daytime Te	556 \ lephone number

F. CHESSER DEC 2 9 1998

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

Imaging Solutions, Inc.

Articles of Incorporation					
The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.					
	RETAR	DEC 2			
Article I:	The name of the corporation will be Imaging Solutions, Inc.	æ ₽			
Article II:	The principle place of business will be located in the Orange, Lake, & Osceola counties.				
	Mailing Address: Imaging Solutions, Inc. 4835 Grovemont Place Orlando, Florida 32808				
Article III:	Authorized Outstanding Shares of Stock in Company:				
	Par Value Twenty (20) \$5,000 ea. Share				

Article IV: Name of Registered Agent:

Harvey L. Heard, Jr. 4835 Grovemont Place Orlando, FL 32808

Article V:

Having been named as a 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 agrees 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/Registered Agent



PEGGY ANY GARNER MY COMMISSION EXPIRES January 24, 1999