P9900042784

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

SUBJECT:	Kaper Imaging Corp	•		
(Proposed corporate name - must include suffix)				
			*****78.7	-01076008
Enclosed is an origi	nal and one(1) copy of the artic	cles of incorporation and	d a check for:	
□ \$70.00 Filing Fee FROM	\$78.75 Filing Fee & Certificate of Status f:	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED AHASSEE, FU	TILED OG MAY -6 PM 1:42
. · · -	10590 Stonebridg	I Blvd Coddress 13 3498 State & Zip	LORIO A	.
	(561) 638-8457 Daytime To	elephone number	 .	

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

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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.

ARTICLE I NAME

The name of the corporation shall be: Kaper Imaging Corp.



ARTICLE II PRINCAL OFFICE

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

10590 Stonebridge Blvd. Boca Raton, Florida 33498

ARTICLE III SHARES

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

100 Shares Common Stock, in Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Howard Kaplan 10590 Stonebridge Blvd. Boca Raton, Florida 33498

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Howard Kaplan 10590 Stonebridge Blvd Boca Raton Fl 33498

Signature (Incorporator

•

5/1/99 Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent

Date