

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

SUBJECT: Imagin	a Sciences :	Inc	-07/	293970 /23/9901007 #**70.00 ***	3——8 023 **70.00
		name - must include su	ıffix)		
Enclosed is an original for:	and one (1) co	py of the articles o	of incorporation a	and a check	
X \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Cop	\$131.25 Filing Fee, Certified Copy & Certificate y Required		
FROM:	Niall Dil	lon			
, , , <u> </u>	Name (printed or typed)				
	302 Madison Ave. North			SECOLUTION) }
	Address				
	Clearwater, FL 33755		23 / SSEE,		
	City, State & Zip			F SIA 9:	0-12 1-12
	(727) 441-2766		ANE ANE ANE	0	
	Daytime	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.

> ARTICLEI NAME

The name of the corporation shall be:

Imaging Sciences, Inc.

ARTICLE II PRINCIPAL OFFICE

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

302 Madison Ave. North Clearwater, FL 33755

ARTICLE III **SHARES**

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

1,950 Common Stock Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

Niall Dillon 302 Madison Ave. North Clearwater, FL 33755

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Niall Dillon 302 Madison Ave. North Clearwater, FL 33755

The under	signed inco	orporator(s) has(ha	ive) executed these Articles of Inc	orporation this
22nd	day of	July	, 19 <u>99</u>	
		Mil	O Dillon	
			Signature	
			Signsture	

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:	Imaging Sciences, Inc	•
2. The name and address of the regist	tered agent and office is:	
Niall_Di	llon (NAME)	99 JUL SECRE TALLAH
	son Ave. North x or Mail Drop Box NOT ACCEPTABLE)	ASSEE A
Clearwat	er, FL 3375 (CHY/STATE/ZP)	-CORDA- -CORDA- - 19: 59

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.

July 22, 1999
(SIGNATURE) (DATE)