

P99000111463

CAPITOL SERVICES d/b/a  
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

99 DEC 29 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Image Media, Inc. (Corporation Name) (Document #)
2. \_\_\_\_\_ (Corporation Name) (Document #)
3. \_\_\_\_\_ (Corporation Name) (Document #)
4. \_\_\_\_\_ (Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 12/29 ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☒ Certificate of Status

RECEIVED  
99 DEC 29 AM 11:07  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark

Note: Effective Date  
1/1/2000  
EFFECTIVE DATE  
1-1-2000

000003082930-13  
-12/29/99-01053-009  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

CB  
12-22-99  
3

# TRANSMITTAL LETTER

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

**FILED**  
99 DEC 29 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

SUBJECT: IMAGE MEDIA, INC.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM:

KARL H HITTINGER  
Name (Printed or typed)

5620 CHIPOLA CIR.  
Address

ORLANDO, FL 32839  
City, State & Zip

407-850-1007  
Daytime Telephone number

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

## 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:

**Image Media, Inc.**

EFFECTIVE DATE  
1-1-2000

**ARTICLE II: PRINCIPLE PLACE OF BUSINESS:**

The Principle business and mailing address of this corporation shall be:

**Image Media, Inc.  
5620 Chipola Cir.  
Orlando, FL 32839**

**ARTICLE III: SHARES OF STOCK:**

The number of shares of stock that this corporation may have outstanding at anyone time is:

**100,000 shares at no par value**

**ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

**Karl H Hittinger  
5620 Chipola Cir.  
Orlando, FL 32839**

**Tel: (407)850-1007**

**ARTICLE V: INCORPORATOR:**

The name and address of the incorporator to these articles are:

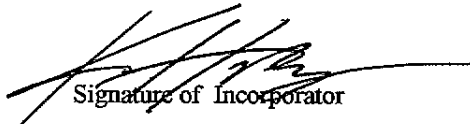
**Karl H Hittinger  
5620 Chipola Cir.  
Orlando, FL 32839**

**Tel: (407) 850-1007**

**ARTICLE VI: EFFECTIVE DATE**

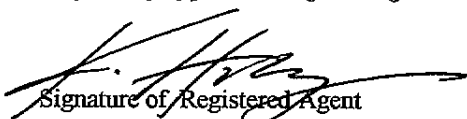
The effective Date of these Articles of incorporation shall be:

**January 1<sup>st</sup>, 2000**

  
Signature of Incorporator

12/28/99  
Date

*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 of Registered Agent

12/28/99  
Date

FILED  
99 DEC 29 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA