

P05000009357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

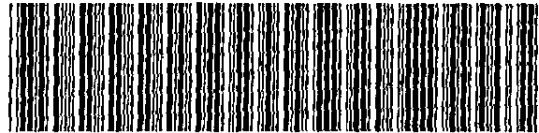
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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05/11/05 11:2:05  
STATE  
OF FLORIDA

js  
1-15

**TRANSMITTAL LETTER**

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

**SUBJECT:** Ballot Solutions Inc.

**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are 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:** Gary Summers  
Name (Printed or typed)

7321 Merrill Rd.  
Address

Jacksonville Florida 32277  
City, State & Zip

(904) 744 - 6249 (407) 252 - 6939  
Daytime Telephone number

05 JUN 13 PM 2:55  
FILED  
STATE  
FLORIDA

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

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

Ballot Solutions Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

7321 Merrill Rd.  
Jacksonville Florida 32277

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To engage in any activities or business permitted under the laws of the United States and the state of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is:

One Thousand shares. All of one class. One dollar per value

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Joy S. Summers  
7321 Merrill Rd.  
Jacksonville Florida 32277  
President / Treasurer

Gary Summers  
7321 Merrill Rd.  
Jacksonville Florida 32277  
Vice President / Secretary

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CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

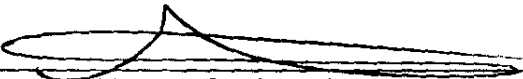
Gary Summers  
7321 Merrill Rd.  
Jacksonville Florida 32277

**ARTICLE VII INCORPORATOR**

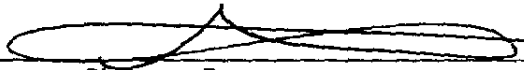
The name and address of the Incorporator is:

Gary Summers  
7321 Merrill Rd.  
Jacksonville Florida 32277

\*\*\*\*\*  
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

1/10/05  
Date

  
\_\_\_\_\_  
Signature/Incorporator

1/10/05  
Date