

P16000026274

(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:

MAR 24 2016
A. DUNLAP

Office Use Only



800283055168

03/21/16--01018--012 **78.75

16 MAR 21 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

COVER LETTER

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

SUBJECT: VAULT CASH SOLUTIONS CORPORATION.
(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: MARK THOMPSON
Name (Printed or typed)

5855 MIDNIGHT PASS RD.
Address

SIESTA KEY FLORIDA 34242
City, State & Zip

612 - 414 - 4099
Daytime Telephone number

MARKCTHOMPSON@COMCAST.NET
E-mail address: (to be used for future annual report notification)

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: VAULT CASH SOLUTIONS CORPORATION.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 5855 MIDNIGHT PASS RD.
SIESTA KEY FLORIDA 34242

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SUPPLY VAULT CASH TO
ATM'S

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARK THOMPSON Name and Title: _____
Address: 5855 MIDNIGHT PASS Address: _____
SIESTA KEY FLORIDA
34242

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

APPROVAL
AND
FILED
16 MAR 21 AM 10:10
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: MARK THOMPSON
 Address: 5855 MIDNIGHT PASS RD
SIESTA KEY FL 34242

APPROVED AND FILED
 16 MAR 21 AM 10:10
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: MARK THOMPSON
 Address: 5855 MIDNIGHT PASS RD.
SIESTA KEY FL 34242

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Mark Thompson 3/15/16
 Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Mark Thompson 3/15/16
 Required Signature/Incorporator Date