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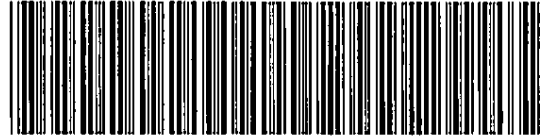
(Business Entity Name)

(Document Number)

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 06/02/23

NAME: SCANTRONROBOTICS INC.

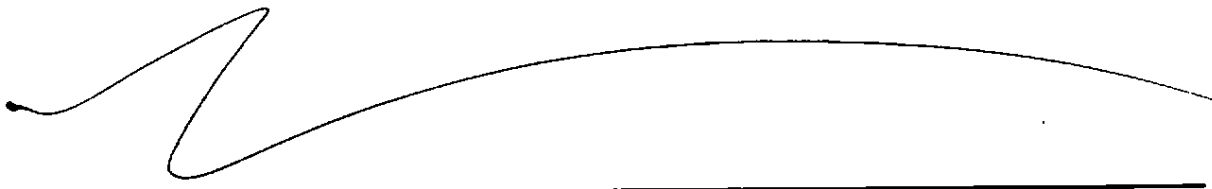
TYPE OF FILING: ARTICLES

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COVER LETTER

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

SUBJECT: ScantronRobotics 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Paul Doucette

Name (Printed or typed)

PR 701 Calle Chapin, G-8

Address

Salinas, PR 00751

City, State & Zip

770-876-3553

Daytime Telephone number

pdoucette@argadvisors.com

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: ScantronRobotics Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
7909 4th St N, Suite 300
St Petersburg, FL 33702

Mailing address, if different is:
7909 4th St N, Suite 300
St Petersburg, FL 33702

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any lawful business permitted in the state of Florida

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Francois Abouchakra President

Address 1055 Plante Drive
Ottawa, Ontario
Canada K1V 9E5

Name and Title: Francois Abouchakra Director

Address: 1055 Plante Drive
Ottawa, Ontario
Canada K1V 9E5

Name and Title: Francois Abouchakra Treasurer

Address 1055 Plante Drive
Ottawa, Ontario
Canada K1V 9E5

Name and Title: _____

Address: _____

Name and Title: Francois Abouchakra Secretary

Address 45 Longman Drive
Craven, SK
Canada SOG 0W0

Name and Title: _____

Address: _____

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STATE OF FLORIDA
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: Registered Agents Inc. _____

Address: 7901 4th St N, Suite 300 _____

St. Petersburg, FL 33702 _____

ARTICLE VII INCORPORATOR

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

Name: Paul Doucette _____

Address: PR 701 Calle Chapin, G-8 _____

Salinas, PR 00751 _____

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 days prior or 90 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



Required Signature/Registered Agent

05/31/2023

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.



Required Signature/Incorporator

5/26/2023

Date