# P230000 42703

(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



700409265717

SECRETARY of 21 :: ALLAHASSEE, FEORE FILED
2023 JUN-2 PH 2: 05

RECEIVED

## FLORIDA FILING & SEARCH SERVICES, INC.

### P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

06/02/23

**NAME:** SCANTRONROBOTICS INC.

TYPE OF FILING: ARTICLES

COST:

70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

**AUTHORIZATION: ABBIE/PAUL HODGE** 

#### **COVER LETTER**

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

SUBJECT: ScantronRobotics Inc.		
(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the art	icles of incorporation and	d a check for:
G 570 00 G 579 75	\$78.75	□ \$87.50
☑ \$70.00 □ \$78.75		*
Filing Fee Filing Fee	Filing Fee	Filing Fee,
& Certificate of Status	& Certified Copy	Certified Copy & Certificate o
		Status
	ADDITIONAL CO	
	ADDITIONAL CO	
		_
Paul Doucette		
FRUM:	e (Printed or typed)	<del> </del>
Ivanic	e (Finited of typed)	
PR 701 Calle Chapin, G-8		
	Address	
Salinas, PR 00751		
City,	State & Zip	
770-876-3553		
Daytime T	elephone number	
ndayaatta @arradyisara sa		
pdoucette@argadvisors.co E-mail address: (to be use	d for future annual report i	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 ScantronRobotics Inc.					
The name of the c	corporation snail be:				_	
	PRINCIPAL OFFICE Principal street address	7009 4th	Mailing address, if di St N, Suite 300	fferent is:		
7909 4th St N, S St Petersburg, Fl			burg, FL 33702			—
St Fetersburg, Ft		011_01010		-		
ARTICLE III The purpose for v	PURPOSE which the corporation is organized is: _any lawfu	ul business p	ermitted in the	state of	Floric	 <u>ta</u> _
				F 03		_ <del></del>
					<u> </u>	
				主語	2023 JUN	7
				SEE	-2	Ī
					P	
				<u> </u>	0 .	•
ARTICLE IV_	SHARES nares of stock is: 10,000			•	(J	
	INITIAL OFFICERS AND/OR DIRECTORS  and Title: Francois Abouchakra President	Name and Title	Francois Abouc	hakra <sup>D</sup>	irector	
Address	1055 Plante Drive	Address:	1055 Plante Drive	_		
	Ottawa, Ontario		Ottawa, Ontario	<del></del> -		
	Canada K1V 9E5		Canada K1V 9E5			
Name an	nd Title: Francois Abouchakra Treasurer	Name and Title	:			
Address	1055 Plante Drive	Address:		_		
	Ottawa, Ontario					
	Canada K1V 9E5					
Name ar	nd Title: Francois Abouchakra Secretary	Name and Title	::			
Address	45 Langman Drive	_ Address:				
	Craven, SK	-				
	Canada SOG 0W0	_				

ARTICLE VII 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:	Name an	d Title:	Name and Title:
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name: Registered Agents Inc.  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 filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 designate certificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity  David 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 subn	Address	<u> </u>	Address:
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 filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 designed certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Date 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 submit this document and affirm that the facts stated herein are true. I am aware that the false information submit has a company to the appointment and the place designed to the submit this document and affirm that the facts stated herein are true. I am aware that the false information submit the submit this document and affirm that the facts stated herein are true. I am aware that the false information submit the facts are true. I am aware that the false information submit the facts are true. I am aware that the false information submit the facts are true. I am aware that the false information submit the facts are true. I am aware that the false information submit the facts are true. I am aware that the false information submit the facts are true. I am aware that the false information submit the facts are true. I am aware that the false information submit the false information submit the facts are tr			
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  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 filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 designed certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Date  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submit this document and affirm that the facts stated herein are true. I am aware that the false information submit this document and affirm that the facts stated herein are true. I am aware that the false information submit this document and affirm that the facts stated herein are true. I am aware that the false information submit the facts are true. I am aware that the false information submit the facts are true. I am aware that the false information submit the facts are true. I am aware that the false information submit the facts are true. I am aware that the false information submit the facts are true. I am aware that the false information submit the facts are true. I am aware that the false information submit the facts are true. I am aware that the false information submit the facts are true. I am aware that the false information submit the false information submit the false information submit the false information submit the false informatio			
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 filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 designed certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Date  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submit this document and affirm that the facts stated herein are true. I am aware that the false information submit has registered agent and agree to act in this capacity.			
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 filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 designed certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Date  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submit this document and affirm that the facts stated herein are true. I am aware that the false information submit has registered agent and agree to act in this capacity.	ARTICLE VI	REGISTERED AGENT	
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: (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 designate certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Date  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submit his beautiful and accept and agent and agree to act in this capacity.			able) of the registered agent is:
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: (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 designate certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Date  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submit this document and affirm that the facts stated herein are true. I am aware that the false information submit this document and affirm that the facts stated herein are true. I am aware that the false information submit this document and affirm that the facts stated herein are true. I am aware that the false information submit t	Name:	Registered Agents Inc.	
The name and address of the Incorporator is:  Name: Paul Doucette  PR 701 Calle Chapin, G-8  Salinas, PR 00751   ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 designal certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Date  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submit the submit this document and affirm that the facts stated herein are true. I am aware that the false information submit and affirm that the facts stated herein are true. I am aware that the false information submit and affirm that the facts stated herein are true. I am aware that the false information submit and affirm that the facts stated herein are true. I am aware that the false information submit and affirm that the facts stated herein are true. I am aware that the false information submit and affirm that the facts stated herein are true.	Address:	7901 4th St N, Suite 300	
The name and address of the Incorporator is:  Name:  Paul Doucette  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 filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 designate certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Date  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submit the state information submit this document and affirm that the facts stated herein are true. I am aware that the false information submit this document and affirm that the facts stated herein are true. I am aware that the false information submit this document and affirm that the facts stated herein are true. I am aware that the false information submit this document and affirm that the facts stated herein are true.		St. Petersburg, FL 33702	
The name and address of the Incorporator is:  Name:  Paul Doucette  PR 701 Calle Chapin, G-8  Salinas, PR 00751   ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 designal certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Date  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submit is accepted.			
Name:  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 filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 designal certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Date  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submit this document and affirm that the facts stated herein are true. I am aware that the false information submit the state of the state o	ARTICLE VII	<u>INCORPORATOR</u>	
Address:  PR 701 Calle Chapin, G-8  Salinas, PR 00751  ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 designate certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Dayld Coop S  Required Signature/Registered Agent  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submit the state of the	The name and a	<del></del>	
Salinas, PR 00751  ARTICLE VIIIEFFECTIVE DATE: Effective date, if other than the date of filing:	Name:		
ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 designate certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  DATE  Required Signature/Registered Agent  I submit this document and affirm that the facts stated herein are true. I am aware that the false information subm	Address:	PR 701 Calle Chapin, G-8	<del></del>
Effective date, if other than the date of filing:		Salinas, PR 00751	
Effective date, if other than the date of filing:			
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 designate certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Date  I submit this document and affirm that the facts stated herein are true. I am aware that the false information subm	Effective date, if	other than the date of filing:	. (OPTIONAL)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 designate certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Date  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 subm	(If an effective of	late is listed, the date must be specific an	d cannot be more than five days prior or 90 days after t
Having been named as registered agent to accept service of process for the above stated corporation at the place designate certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity    Date   Date	-	inserted in this block does not meet the ap	plicable statutory filing requirements, this date will not be
Certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Divid Corts  Required Signature/Registered Agent  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submit the state of the state	the document's e	ffective date on the Department of State's	ecords.
David Courts  Required Signature/Registered Agent  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submit the facts stated herein are true.			
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 subm	certificate, I am	tamiliar with and accept the appointment as	registered agent and agree to act in this capacity
I submit this document and affirm that the facts stated herein are true. I am aware that the false information subm	Javid (	Descript Signature (Registered As	05/31/2023
	Loubmit this da.		
	Required Signature/Incorporator		