## P11000012376

(Requestor's Name)							
(Address)							
(Address)							
(Address)							
(0) 10 1 17 17							
(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



100192984461

02/02/11--01025--004 \*\*87.50

FILED
2011 FEB -3 PM 3: 06
SECTE FARY OF STATE
TALLARIASES OF STATE

J. Stainers FEB 0 4 2011

## **COVER LETTER**

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

SUBJECT: US Document Scanning 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 \$87.50 \$78.75 Filing Fee Filing Fee Filing Fee, Filing Fee & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: US Document Scanning INC. Name (Printed or typed) 13720 Ben C Pratt/Six Mile Cypress, Ste 2 Fort Myers, FL 33912 City, State & Zip Daytime Telephone number ekwftmyers@aol.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				Tar		
	corporation shal	l be: US	Document	Scamins	INC.		
ARTICLE II	PRINCIPA	L OFFICE					
		al <u>street</u> addr			Mailing addr	ess, if different is:	
			Cypress, Ste 2		·		
	For Myers	, FL 3391	2				
	PURPOSE						
	which the corp						
ro penonn	document n	naging ar	ia records rec	tention services	<b>.</b> .		
ARTICLE IV	SHARES						
he number of s	hares of stock is:	100					
ARTICLE V	INITIAL O	FFICERS A	AND/OR DIREC	CTORS			
Name and	Title: Stanle	y I. Roy,	Pres & Dire	ctor Name and T	۲itle:		
Address:				Address:			
	Estero	, FL 338	28				
					<del></del> -		
Name and Address:					Title:	<del></del>	
Address:				Address:	-	· · · · · · · · · · · · · · · · · · ·	
Name and	Title			Name and T	Fitle:		
Address:				Address:			
				<u>.</u>			
RTICLE VI						Es 2	
he <u>name and I</u> Name:		<u>idress</u> (P.O.) Ey L. Roy		ble) of the registered	agent is:		
Address:			ard Crossing			出 统	***************************************
	Ester	o, FL 33	3928	<del></del>		ASS ASS	4:40.20
RTICLE VII						<u>m</u> -< ω	
	ddress of the In-		:			-m <sup>-37</sup> <b>⊒2</b>	m
Name:							gg
Address:	20198	Markwa	ard Crossing 1928			PM 3: 06	
	Ester	0, FL 35	3928	<del></del>		> 5	
				process for the above as registered agent a		tion at the place des in this capacity	ignated
	<b>^</b>					-	
<u> \</u>	Cauler	1	eon			<u> <i>FL</i>-B</u> , 1 , 2	011
	Requ	<b>ite</b> d Signatur	e/Registered Ager	nt		Date	
submit this do	ocument and aff	îrm that the	facts stated herei			lse information subr F.S.	nitted in
( -	<u>,                                    </u>	D					
	rante	y /C	0-4			F&B , 1, 2	_0//
	Rec	Muca Signa	une/picorporator			Date	