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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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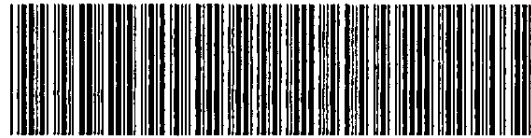
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
2/17

COVER LETTER

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

SUBJECT: Inventory Innovations, 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: Chris Worrell

Name (Printed or typed)

260 Davis Street

Address

Athens, GA 30606

City, State & Zip

404-931-8572

Daytime Telephone number

chrisw@inventoryxpress.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 Inventory Innovations, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address

11523 48th Avenue N
St. Petersburg, FL 33708

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

Development, sale and support of software for restaurant inventory control.

ARTICLE IV SHARES
The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John Worrell President
Address: 12020 Leeward Walk Circle
Alpharetta, GA 30005

Name and Title: _____
Address: _____

Name and Title: John Worrell Secretary
Address: 12020 Leeward Walk Circle
Alpharetta, GA 30005

Name and Title: _____
Address: _____

Name and Title: John Worrell CFO
Address: 12020 Leeward Walk Circle
Alpharetta, GA 30005

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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


Name: InCorp Services, Inc.
Address: 17888 67th Court North
Loxahatchee, FL 33470

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Chris Worrell
Address: 260 Davis Street
Athens, GA 30606

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

 on behalf of InCorp Services, Inc.
Required Signature/Registered Agent

02/09/2011
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

02/09/2011
Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA