## P11000019378

•
(Requestor's Name)
(Address)
(Address)
(1001000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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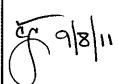
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## **COVER LETTER**

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

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SUBJECT: Optical POS, Inc. (PROPOSED CORPORA)	TE NAME – <u>MUST INCLUDE SUFFIX</u> )	
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:	
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED	
FROM: Sheldon E. Friedman	(Printed or typed)	
5555 Glenridge Connecto	, ,	
Atlanta, GA 30342	State & Zip	
404-236-8606 Daytime Te	elephone number	2011 SEP - 7
daumer@fdmlaw.com E-mail address: (to be used		-7 P¥

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)

SECULTATION OF

ARTICLE I	NAME Optical POS, Inc.		BIVISION OF GORPORATION			
The name of the co	orporation shall be:			2011 SEP - 7	DM .	
ARTICLE II	PRINCIPAL OFFICE			2011 SEF - 7	PA I	: 51
	Principal street address		Mailing addre	ess, if different is:		
	146 N. Ryan Street					
2	Santa Rosa Beach, FL 32459					
ARTICLE III	PURPOSE					
The purpose for w	which the corporation is organized is:					
Own and dev	velop software					
ARTICLE IV	SHARES					
The number of sha	res of stock is:10,000					
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	ORS				
Name and T	itle:Ivan Samuels, President/Treasurer & Dire					
Address:	146 N. Ryan Street Santa Rosa Beach, FL 32459	Address:				
	Santa Rosa Beach, FL 32459					
Name and T	itle:Sue Samuels, Secretary	Name and	d Title:			
Address:	146 N. Ryan Street	Address:				
	Santa Rosa Beach, FL 32459		<u></u>			
Name and T	itle:	Name and	·			
Address:		Address:				
		<del></del>				
	REGISTERED AGENT	641	. 4 4 !			
Name:	orida street address (P.O. Box NOT acceptable) Ivan Samuels	-	ed agent is:			
Address:	146 N. Ryan Street					
,	Santa Rosa Beach, FL 32459	<del></del>				
ARTICLE VII	INCORPORATOR					
The name and add	dress of the Incorporator is:					
Name:	Sheldon F. Friedman	_ <del></del>				
Address:	5555 Glenridge Connector NE # Atlanta, GA 30342	925 —				
	ed as registered agent to accept service of proc m familiar with and accept the appointment as i				ignated i	'n
US				91,1,,		
	Required Signature/Registered Agent		_	Date		
I submit this docu document to the D	ument and affirm that the facts stated herein a epartment of State constitutes a third degree fel	are true. I am ony as provided	aware that the fals d for in s.817.155, i	se information subm F.S.	iitted in	а