

P12000102589

(Requestor's Name)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

12/18

*[Handwritten signature]*

## COVER LETTER

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

SUBJECT: PC Plus ATM, 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: Lori L. LaPoint

Name (Printed or typed)

260 SE 10th Street

Address

Pompano Beach, Florida 33060

City, State & Zip

954-605-5304

Daytime Telephone number

lori.lapoint@pcplusatm.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: **PC Plus ATM, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1930 NW 18th Street

Suite 12

Pompano Beach, Florida 33069

Mailing address, if different is:

same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

to conduct business in the state of Florida as resale of computer parts and ATM machines

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Lori L. LaPoint (President)

Address:

260 SE 10th Street

Pompano Beach, Florida 33060

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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:

Lori L. LaPoint

Address:

260 SE 10th Street

Pompano Beach, Florida 33069

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

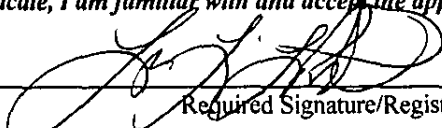
Lori L. LaPoint

Address:

260 SE 10th Street

Pompano Beach, Florida 33069

*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

12/14/12  
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

12/14/12  
Date

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12 DEC 17 PM 4:09  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA