

P/6000027110

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 MAR 25 AM 8:15

W/6-14491

03/28/16



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 26, 2016

JANINE DALTON  
11400 CYPRESS DR.  
CLERMONT, FL 34711

SUBJECT: SCANSOLUTIONSINCORPORATED  
Ref. Number: W16000014491

16 MAR 25 PM 3:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

We have received your document for SCANSOLUTIONSINCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P12000015433.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 816A00004059

## COVER LETTER

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

**SUBJECT:** ScanSolutionsIncorporated

(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  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** JanineDalton  
Name (Printed or typed)  
  
11400CypressDrive  
Address  
  
Clermont,FL 34711  
City, State & Zip  
  
773-406-9100  
Daytime Telephone number  
  
licorguy33095@gmail.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: ScanSolutionsIncorporated

~~SCAN SOLUTIONS INCORPORATED JMD~~

~~SCAN SOLUTIONS INCORPORATED JMD~~

## ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

11400CypressDrive

Clermont,Fl. 34711

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Providethird party invoice processingfor theadultbeverag&ndustry

## ARTICLE IV SHARES

The number of shares of stock is: 1000

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DIVISION OF CORPORATIONS  
10 MAR 25 AM 8:15

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JanineDalton- President

Name and Title:

Address 11400CypressDrive

Address:

Clermont,Fl. 34711

Name and Title: Matt Vorhies- Vice President

Name and Title:

Address 3183S-25W

Address:

Trafalgar,IN 46181

Name and Title:

Name and Title:

Address

Address:

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Janine Dalton

Address: 11400 Cypress Dr.

Clermont, FL 34711

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Janine Dalton

Address: 11400 Cypress Drive

Clermont, FL 34711

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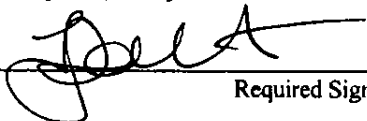
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 2/15/16. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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 designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

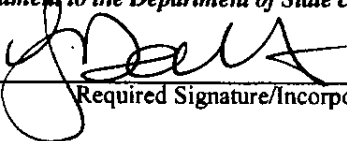


Required Signature/Registered Agent

2/2/16

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

2/2/16

Date