

P160000075144

(Requestor's Name)

(Address)

(Address)

(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



400289364214

09/01/16--01003--024 \*\*78.75

FILED  
16 SEP -1 AM 10:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

72A  
9/13/16

**COVER LETTER**

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

SUBJECT: QUANTUM MERCHANT SOLUTIONS 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: PIERRE LESLY LHERISSON  
Name (Printed or typed)

5854 NW. FOGEL CT.  
Address

PORT ST. LUCIE FL. 34986  
City, State & Zip

561-410-4259.  
Daytime Telephone number

LESRUSHHOUR@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: QUANTUM MERCHANT SOLUTIONS INC.,

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5854 NW FOGEL CT
PORT ST. LUCIE FL 34986

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide business solutions to merchants by helping them with marketing services, printing services, & savings on their card processing.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PIERRE LESLY LHERISSON, CEO Name and Title:

Address 5854 NW FOGEL CT. Address:

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

FILED
16 SEP -1 AM 10:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: P. Lesly Lherisson  
Address: 5854 NW. FOGEL CT.  
PORT ST. LUCIE FL. 34986

15 SEP - 1 AM 10:39  
RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: P. Lesly Lherisson  
Address: 5854 NW. FOGEL CT.  
PORT ST. LUCIE FL. 34986

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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:*

*Lesly Lherisson*  
Required Signature/Registered Agent

8/17/16  
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.*

*Lesly Lherisson*  
Required Signature/Incorporator

8/17/16  
Date