



**FLORIDA PROFIT BENEFIT CORPORATION**

**COVER LETTER**

27 MAY 13 PM 1:30

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

Swiftscans Inc.

**SUBJECT:** \_\_\_\_\_  
(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**

Joseph Lewis Conrad  
**FROM:** \_\_\_\_\_  
Name (Printed or typed)  
14614 Grenadine Dr. Apt. 5  
\_\_\_\_\_  
Address  
Tampa, FL 33613  
\_\_\_\_\_  
City, State & Zip  
(410) 960-8770  
\_\_\_\_\_  
Daytime Telephone number  
joe@swiftscans.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 FOR FLORIDA PROFIT BENEFIT CORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

Swiftscans Inc.

The name of the benefit corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

14614 Grenadine Dr. Apt. 5

Tampa, FL USA 33613

**ARTICLE III BENEFIT STATEMENT AND BUSINESS PURPOSE**

The corporation elects to be a benefit corporation in accordance with s. 607.603, F.S.

The purpose for which the corporation is organized is to create a general public benefit and:  
conduct any and all lawful business.

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The general and/or specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional):

Swiftscans Inc. will maintain membership with 1% for the Planet to support environmental causes.

Swiftscans Inc. will donate 1% of sales to language revitalization programs at Sealaska Heritage  
in Juneau, Alaska.

**ARTICLE IV SHARES**

1000

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS, DIRECTORS, BENEFIT DIRECTOR AND BENEFIT OFFICER (if Applicable)**

Name and Title: Joseph Lewis Conrad - President

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

Address 14614 Grenadine Dr. Apt. 5

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

Tampa, FL USA 33613

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

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

Address \_\_\_\_\_

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

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

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

\_\_\_\_\_

\_\_\_\_\_

If applicable, BENEFIT DIRECTOR:

If applicable, BENEFIT OFFICER:

Name : \_\_\_\_\_

Name: \_\_\_\_\_

Address \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Joseph Lewis Conrad \_\_\_\_\_

Address: 14614 Grenadine Dr. Apt. 5 \_\_\_\_\_

Tampa, FL USA 33613 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Joseph Lewis Conrad \_\_\_\_\_

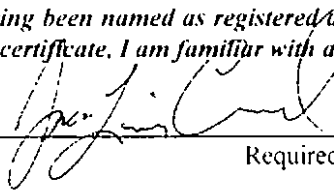
Address: 14614 Grenadine Dr. Apt. 5 \_\_\_\_\_

Tampa, FL USA 33613 \_\_\_\_\_

**ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:**

N/A

*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*

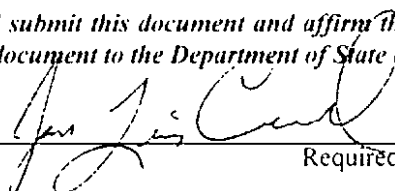


Required Signature/Registered Agent

5/14/2021

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

5/14/2021

Date