

P22000062278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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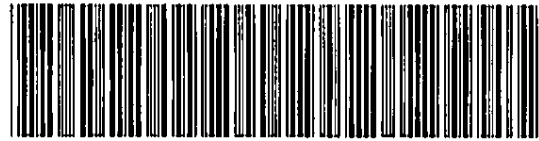
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: ZERO FEE MERCHANT SOLUTIONS CORP.
(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: LESLEY P. LHERISSON
Name (Printed or typed)

3790 161ST TERR. NORTH
Address

LOXAHATCHEE FL. 33470
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: ZERO FEE MERCHANT SOLUTIONS CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1680 SW BAYSHORE BLV.
PORT ST. LUCIE FL 34984

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO HELP SMALL TO MEDIUM
SIZE BUSINESSES SAVE MONEY ON THEIR CREDIT CARD
PROCESSING BY PROVIDING FREE TERMINALS TO
PROCESS THEIR VISA, MASTER & DEBIT CARDS AT
A ZERO FEE IN TURN SAVE MONEY WHICH IN TURN
INCREASE THEIR CASH FLOW WHILE PROVIDING
THE CASH-DISCOUNT PROGRAM IN THEIR STORES.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LESLY P. LHERISSE CEO. Name and Title: _____

Address 3790 161ST TERR. NORTH Address: _____

LOXAHATCHEE FL
33470.

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

2022 AUG - 1 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: PIERRE LESLY LHERISSON

Address: 3790 161ST TERR. NORTH
LOKAHATCHEE FL. 33470

ARTICLE VII INCORPORATOR

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

Name: PIERRE LESLY LHERISSON

Address: 1680 SW. BAYSHORE BLV.
PONT ST. LUCIE FL. 34984

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TALLAHASSEE, FLORIDA

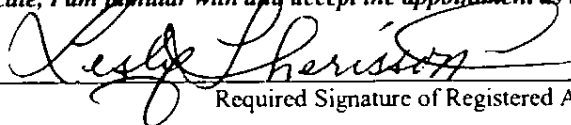
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 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.

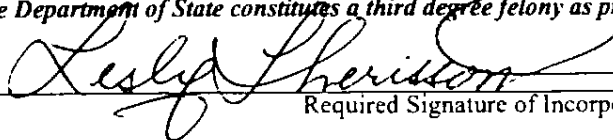
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

7/21/22
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

7/21/22
Date