

P23000063686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

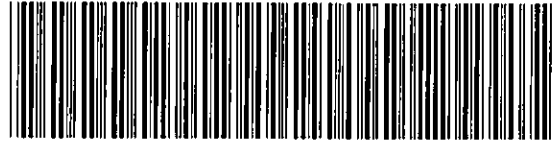
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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2023 SEP -5 PM 2:52

ALLAHASSEE, FL 32006-21

Incorporating Services, Ltd.

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 9/5/2023

**PRIORITY** Regular Approval

**OUR REF. # (Order ID#)** 1175990

**ORDER ENTITY**  
OPTICAL POS, INC.

**PLEASE PERFORM THE FOLLOWING SERVICES:**

OPTICAL POS, INC. ( FL )

New corp filing

**NOTES:**

\$70.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written in a cursive style.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

## COVER LETTER

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

SUBJECT: **OPTICAL POS, 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      ☐ \$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: **IVAN SAMUELS**

Name (Printed or typed)

**218 BLUEJACK ST**

Address

**SANTA ROSA BEACH, FL 32459**

City, State & Zip

**404-384-4826**

Daytime Telephone number

**ivan@eyeman7.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: OPTICAL POS, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

218 BLUEJACK ST

218 BLUEJACK ST

SANTA ROSA BEACH, FL 32459

SANTA ROSA BEACH, FL 32459

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Own and develop software.

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000

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

Name and Title: IVAN SAMUELS, PRES

Name and Title: SUE SAMUELS, VP

Address: 218 BLUEJACK ST

Address: 218 BLUEJACK ST

SANTA ROSA BEACH, FL 32459

Name and Title: BRIAN MCGINITY, IT

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

Address: PO BOX 7446

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

PANAMA CITY BEACH, FL 32413

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

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

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

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

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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: IVAN SAMUELS  
Address: 218 BLUEJACK ST  
SANTA ROSA BEACH, FL 32459

**ARTICLE VII INCORPORATOR**

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

Name: IVAN SAMUELS  
Address: 218 BLUEJACK ST  
SANTA ROSA BEACH, FL 32459

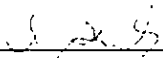
**ARTICLE VIII EFFECTIVE DATE:**

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*

 9/5/2023  
Required Signature/Registered Agent 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.*

 9/5/2023  
Required Signature/Incorporator Date

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