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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 | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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tel 813.251.3135 ~ 877.302.3787 fax 813.353.0506

July 17, 2003

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re:

Articles of Organization

AdvanCard, LLC

To Whom It May Concern:

Pursuant to instructions to form a Florida Limited Liability Company, enclosed please find a completed Transmittal Letter and Articles of Organization for Florida Limited Liability Company signed by Registered Agent Charles A. Hounchell, along with our check, number 4926, dated July 17, 2003, for the total amount of \$125.00 which represents payment of the required filing fee and designation of Registered Agent.

If you should have any questions concerning this filing, please feel free to contact Mr. Hounchell as follows:

Charles A. Hounchell, Esquire
Zeneks, Inc.
730 South Sterling Avenue
Suite 300
Tampa, Florida 33609

Daytime Telephone: (813) 251-3135

Thank you for your attention to the above.

Yours very truly,

Barbara Ann Yuen Director of Operations

/bay Enclosures DIVISION OF CORPORATION OF L

TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations | | | |
|---|--|--------------------|--|
| SUBJECT: AdvanCard, LLC | | | |
| | Liability Company) | | |
| The enclosed Articles of Organization and fee(s | s) are submitted for filing. | | |
| Please return all correspondence concerning this | s matter to the following: | | |
| Charles A. Hounchell, Esquire | | | |
| (Name of Person) | | | |
| AdvanCard, LLC | | ال 03 يار ال | |
| (Firm/Company) | |)L 30 | |
| PO BOX 10596 | | 03 JUL 30 AM 9: 45 | |
| (Address) | | 5 | |
| Tampa, FL. 33679 | | | |
| (City/State and Zip Code) | | | |
| For further information concerning this matter, | please call: | | |
| Charles A. Hounchell | t (813 ₎ 251-3135 | | |
| (Name of Person) | (Area Code & Daytime Telephone Number) | | |
| STREET ADDRESS: | MAILING ADDRESS: | | |
| Registration Section | Registration Section | | |

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Nai | ne: | | | | | |
|--|---|--|--|---|---------------|-----------------------|
| The name of the Li AdvanCard, LLC | imited Liability Co | ompany is: | | | | |
| | | | | | | |
| ARTICLE II - Ad The mailing addres | | ss of the principal o | ffice of the Limi | ted Liability Compa | any is: | |
| Principal Office A | | | Mailing Addre | | | |
| 730 South Sterling | Avenue Suite#300 | | PO BOX 10596 | | | |
| Tampa, Fl. 33609 | | | Tampa, FL. 33679 | | | |
| | | | | | | |
| ARTICLE III - R | egistered Agent, | Registered Office, | & Registered A | gent's Signature: | | |
| The name and the | Florida street addr | ess of the registered | i agent are: | | | • |
| | Charles A. Ho | unchell | | | | |
| | | Name | | | | |
| | 730 South Ste | rling Avenue | | | | |
| | Florida street | t address (P.O. Box NC | T acceptable) | | | |
| | Tampa, | _{FL} 30 | 3609 | | | |
| | | City, State, and Zip | | | | |
| liability company or registered agent a statutes relating to | at the place designant agree to act in to the proper and conions of my position | ated in this certifica his capacity. I furth | te, I hereby accepter agree to comp of my duties, and as provided for in | or the above stated li et the appointment as ly with the provision I I am familiar with a n Chapter 608, F.S. | s is of al | SECRETA DIVISION O |
| | | - | | | 30 | FA |

Page 1 of 2

(CONTINUED)

na.IIIL 30 AM 9: 4:

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|--|----------------------|
| duseur"MGR" | Charles A. Hounchell |
| - | PO box 10596 |
| | Tampa, FL. 33679 |
| MG-RM 4 | Loma Taylor |
| | PO BOX 10596 |
| | Tampa, FL. 33679 |
| | |
| | |
| | 184/tta/Takilnt |

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

PO BOX 10596

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Page 2 of 2