

P14000038692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

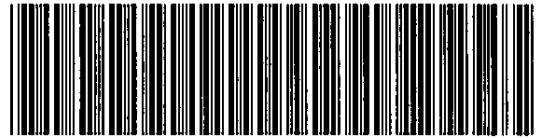
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Certified Copies _____

Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAY - 1 PM 12:19

[Handwritten signature]

COVER LETTER

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

Merchant Card Discounters, 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

FROM: Michelle Bruzzese

Name (Printed or typed)

5518 Eggleston Avenue

Address

Orlando, FL 32810

City, State & Zip

561-417-3000

Daytime Telephone number

michelle@anise-law.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 Merchant Card Discounters, Inc.
The name of the corporation shall be: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE II PRINCIPAL OFFICE
Principal street address
1900 Glades Road, Suite 240

Mailing address, if different is:
PALM BEACH, FL 33411

Boca Raton, FL 33431

ARTICLE III PURPOSE Any type of business related to merchant credit
The purpose for which the corporation is organized is: _____
card services, or any other legal purpose

ARTICLE IV SHARES 1500
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Laura Anise, Pres. S. TR. Name and Title: _____

Address: PO Box 546 Address: _____
Colts Neck, NJ 07722

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Michelle Bruzzese
Address: 5518 Eggleston Avenue
Orlando, FL 32810

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michelle Bruzzese
Address: 5518 Eggleston Avenue
Orlando, FL 32810

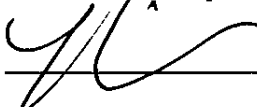
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

4/29/14
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

4/29/14
Date