

P14000038692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

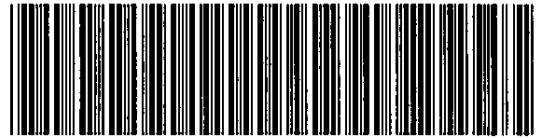
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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FILED  
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