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Mr. Matthew J. Mule Post Office Box 82644 Tampa, Florida 33682

Office Use Only

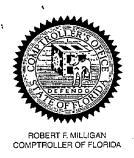
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Mail out	_	Will wait	Photocopy	Certificate of Statu	IS TALL	1999	
NEW FILINGS		AMENI	MENTS :		AHA	1999 JUN 1 1 PM	-L.j
Profit		Amendme	nt		ARY SSE		FILED
NonProfit	Resignation		on of R.A., Officer/Direct	or	FOR	P	Ö
Limited Liability		Change of	Registered Agent		STAT	င့္	
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Other		Merger				÷	ī

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/ QUALIFICATION //
Foreign
Limited Partnership
Reinstatement
Trademark
Other

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Examiner's Initials



OFFICE OF THE COMPTROLLER

DEPARTMENT OF BANKING AND FINANCE STATE OF FLORIDA TALLAHASSEE 32399-0350

June 8, 1999

Mr. Matthew J. Mule Post Office Box 82644 Tampa, Florida 33682

Dear Mr. Mule:

Re: "First National Bankcard, Inc."

Thank you for your recent letter/fax requesting approval for use of the above-referenced name.

It is the opinion of this Department that the above-referenced corporate name is definitive enough to differentiate the business being conducted from that of a commercial bank or trust company. Therefore, the Department does not object to your use of the above-referenced name being registered to conduct business in the state of Florida.

Sincerely,

Art Simon - Director Division of Banking 101 East Gaines Street Fletcher Building - Sixth Floor Tallahassee, FL 32399-0350 (850) 410-9111

:kr

cc: Karon Beyer, Chief
Bureau of Corporate Records
Division of Corporations
Secretary of State's Office

ARTICLÉS OF INCORPORATION OF FIRST NATIONAL BANKCARD, INC.

ARTICLE I

The name of the corporation shall be: FIRST NATIONAL BANKCARD, INC.



ARTICLE II

The principle address and mailing address of the corporation shall be: P.O. Box 82644, Tampa, Florida 33682.

ARTICLE III

The period of its duration is perpetual.

ARTICLE IV

The purpose for which the corporation is organized is the transaction of any or all lawful business for which a corporation may be incorporated under the Florida Corporation Act. The main purpose of the corporation is the provision of bankcard services.

ARTICLE V

The aggregate number of shares that the corporation shall have the authority to issue is 10,000 shares of the par value of One Cent (\$0.01) each.

ARTICLE VI

The name and Florida street address of the initial registered agent are:

Albert E. Vernon IV 3425 SW Second Avenue Apt 112 Gainesville, FL 32607-2805

ARTICLE VII

The Board of Directors is empowered to make, alter, or repeal the By-Laws of the corporation without restriction of their powers conferred by statue.

ARTICLE VIII

The name and address of the incorporator to these Articles Of Incorporation are:

Joseph C. Mule' P.O. Box 82644 Tampa, FL 33682

Article IX

The powers of the incorporator cease upon filing of the Articles of Incorporation.

State of Florida, Hillsborough County

The foregoing instrument was acknowledged before me this 10 day of June.

1999, by JOSEPH C-HULE DUH MUDO- 483-44-1640

Notary Public, State of Florida at Large

My commission Expires: Harch 26, 2003

OFFICIAL NOTARY SEAL
CARMEN A GARCIA
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC729018
MY COMMISSION EXP. MAR. 26,2002

CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provisions of section 607.0501 or 617.0501, Florida Statutes, The undersigned Corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office / registered agent, in the State Of Florida.

The name of the Corporation is:

FIRST NATIONAL BANKCARD, INC.

The name and address of the registered agent and office is:

Albert E. Vernon IV 3425 SW Second Avenue Apt 112 Gainesville, FL 32607-2805

Having been named as registered agent and to accept service of process service for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statues relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Ciamatura

Date

SECRETARY OF STATE