ct Br341052000000027

CORPORATION(S) NAME

Cardtronics, LP		7 SE 8
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() Profit	() Amendment	() Merger
() Nonprofit	() American	() Meiger
(X) Foreign	() Dissolution/Withdrawal	() Mark
` ,	() Reinstatement	Apr o
(X) Limited Partnership	() Annual Report	() Other ²
()LLC	() Name Registration	() Change of RA
	() Fictitious Name	() UCC
() Certified Copy	() Photocopies	() CUS
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() Call When Ready	() Call If Problem	() After 4:30 (x) Pick Up
(x) Walk In () Mail Out	() Will Wait	(x) Pick Up
() Man Out	118	() Other* () Change of RA () UCC () CUS () CUS () After 4:30 (x) Pick Up
Name	1/30/02	Order#: 4786741
Availability	1,50,02	
Document	· · · · · · · · · · · · · · · · · · ·	6000048452365 -01/30/0201054021
Examiner	FILE SECOND	Ref#: ****297.50 ****297.50
Updater		
Verifier		6000048452365 -01/30/0201054022
W.P. Verifier	- 	Amount: \$ *****87.50 *****87.50
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	e / /	
660 East Jefferson Stre	et	
Tallahassee, FL 32301		

Fax 850 222 7615

Florida Department of State, Sandra B. Mortham, Secretary of State

APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. Cardtronics, LP		
(Name of I	limited partnership as it is in the home state)	
2.		4.00
(If name is unavailable, name under w	which the limited partnership proposes to register or trust contain the word "LIMITED" or "LTD.")	三
3. Delaware	4, 6/5/2001	TARSSEE
(State of Formation)	(Date of Formation)	PN 2:
5. C T Corporation System		
(Name of Register	red Agent for Service of Process)	量量 33
6, c/o C T Corporation System, 1200 Sout	th Pine Island Road	
(S	Street Address of Registered Office)	
Plantation	Florida 33324	
(City)	(Zip Coo	de)
7. Acceptance by the Registered Agent fo	or Service of Process:	
C T Corporation Syste		
Victor Alfano Asst	(Agent/must sign on this line) Secretary	- .
8. c/o The Corporation Trust Company, 1	1209 Orange St, Wilmington, DE 19801	
(Address of registered office require	ed in state of formation or, if not required, address of	principal office.)
9. NAMES OF GENERAL PARTNERS	STREET ADDRE	ess
Cardtronics GP, Inc.	3000 Hayes Rd, Suite 101, Houston, TX	77082
Cardtronics GP, Inc.		
Poros		
	· · · · · · · · · · · · · · · · · · ·	
10. 3000 Hayes Rd, Suite 101, Houston, 7	TX 77082	

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

(Office where Names, Addresses and Contributions of Limited Partners are kept.)

CONTINUED

12. 3000 Hayes, Suite 101, Houston TX 77082
(Mailing Address of Limited Partnership)
Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct. This 10 day of
Cardtonics GP, Inc. by Mulher F. Keller For STATE OF Texas
COUNTY OF Harris
On this
who is personally known to me whose identity I proved on the basis of
Thelma Gordon (Notary's Printed Name) Seal My Commission Expires: 6-12-2002

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Michael E. Keller, Asst. Secretary of Cardtronics GP, Inc.
a general partner of Cardtronics, LP , a (an) Delaware
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:
1. The amount of capital contributions of the limited partners is \$ \(\frac{12}{500}, \dot{00} \).
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of
transacting business in Florida is \$ \(\left(\frac{\partial}{\partial} \frac{\partial}{\partia
Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and
that the facts stated herein are true and correct.
This 10 day of JANVARY, 19-2002. This 10 day of JANVARY, 19-2002.
General Partner
Cardtronics GP, Inc.
STATE OF Texas
COUNTY OF Harris
On this 10 th day of January & 2002,
Michael E. Keller, Asst. Secretary of Cardtronics GP, Inc. , personally appeared before me,
who is personally known to me
whose identity I proved on the basis of
(Notary Public Signature)
Thelma Gordon (Notary's Printed Name)
Seal My Commission Expires: 6-13-2002

Seal