

Qualification Tax Lien Section  
Division of Corporations

7-10-91

500000000441

SUBJECT: FACTS Card Services, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jennifer L. Berner, CPA

(Name of Person)

500003341535--2

02/01/00-01019-008

\*\*\*\*\*70.00 \*\*\*\*\*70.00

Thomas, Watts & Hershberger, PC

(Firm/Company)

5555 South Street

(Address)

Lincoln, NE 68506

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Jennifer L. Berner

(Name of Person)

at 402-483-7512

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Qualification/Tax Lien Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Qualification/Tax Lien Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

FILED  
00 JUL 31 AM 9:24  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. FACTS Card Services, Inc.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or  
abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or  
partnership if not so contained in the name at present.)

2. Nebraska

(State or country under the law of which it is incorporated)

3. 47-0832120

(FEI number, if applicable)

4. May 25, 2000

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. August 15, 2000

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 100 N. 56th St., Ste. 306

Lincoln, NE 68504

(Current mailing address)

8. Tuition Collection

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: James O. Owens

Office Address: 1110 Linwood Loop

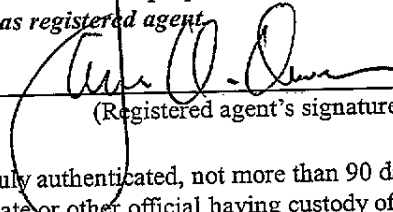
Jacksonville

, Florida, 32259

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated  
in this application, 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 statutes relative to the proper and complete performance of my duties, and I am familiar with  
and accept the obligations of my position as registered agent.

  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the  
Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law  
of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

David J. Byrnes, President/Director 100 N. 56th St. Ste. 306, Lincoln, NE 685  
Stanley C. Phillips, Secretary/Treasurer/Director  
100 N. 56th St. Ste. 306, Lincoln, NE 68

**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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SECRETARY OF STATE  
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**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Stanley C Phillips  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Stanley C Phillips  
(Typed or printed name and capacity of person signing application)

STATE OF

NEBRASKA

United States of America,  
State of Nebraska } ss.



Department of State  
Lincoln, Nebraska

I, Scott Moore, Secretary of State of Nebraska do hereby certify;

**FACTS CARD SERVICES, INC.**

was duly incorporated under the laws of this state on May 25, 2000 and do further certify that no occupation taxes assessed are unpaid and no annual reports are delinquent; articles of dissolution have not been filed and said corporation is in existence as of the date of this certificate.

In Testimony Whereof,

I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on June 28, in the year of our Lord, two thousand



*Scott Moore*

SECRETARY OF STATE

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

00 JUL 31 AM 9:24

FILED