# F9600000 H268

TO: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Nember Services Incorporated
(Name of corporation - must include selffix)

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:

Roger D. BANKS (Name of Person)		
Member Services Incorporat	e L	-
4700 Yorkmont Rd.	岩	NIG.
Chay lo He NC 28208	AUG 21	FIL SECRETAR ISION OF C
#8121	NH 9:	FD Y OF STAI DEPOXAT
Should you need to call someone concerning this matter, please call:  Virginia BANKS at (704) 359-8/8	7	TIONS
(Name of Person)  SANKS  at (704) 359-8/8  (Area Code & Daytime Telephone No	<i>/</i> imber)	)

704 359 8177

#### **COURIER ADDRESS:**

Qualification/Tax Lien Sec. 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

# RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned Rogar D. Banks , do hereby certify		
that this Resolution of the Board of Directors of		
was duly adopted on August		
organized and existing in the State of NC hereby adopts the name  Member Services Facorporated of NC for use in Florida.		
Dated: 4-19-91e  Roger D. Banker  Banker Distribut Distribut. Vice Chakman or any officer	95 AUG 21 AM	FILED SECRETARY OF ONE DIVISION OF CORPO
Roser D. Banks	9: 17	STATE

INHS19(4/96)

# 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. Member Services, Fnc
(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. North Cardina (State or country under the law of which it is incorporated)  3. 56-19168>7 (PBI number, if applicable)
4. 2-8-1995 (Date of Incorporation)  5.   Perpetual   (Duration: Year corp. will cease to exist or "perpetual")
6. Pklininary activies only - No husiness transacted (Date first transacted business in Florida. (Set sections 607.1501. 607.1502, AND 817.155, F.S.)  +0 date - Please Call 104 359 8181 if greations 7.
4700 Unremont Rd. Charlotte NC 28208 (Current mailing address)
8. <u>Gervice and expansion of credit union groups</u> (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
<ol> <li>Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)</li> </ol>
Name: Roger BANKS & SER
Office Address: 2100 Hwy A-1-A
Name: Roger Banks  Office Address: 2/00 Hwy A-1-A  This is a Havbour Reach, Florida, 3293 by (Zip Code)  (Zip Code)  Having been named as registered agent and to accept service of process for the above Based corporation at the place designated in this application. I hereby accept the appointment as
10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above Bated 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.
Roga (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.

 Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable) 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: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. gnature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

# STATE OF NORTH CAROLINA

## Department of The Secretary of State

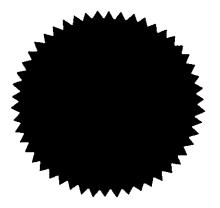
### CERTIFICATE OF EXISTENCE

I, JANICE H. FAULKNER, Secretary of State of the State of North Carolina, do hereby certify that

MEMBER SERVICES, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 8th day of February, 1995, with its period of duration being perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 7th day of August, 1996.

Secretary of State