

L0000000/3/31

CAPITOL SERVICES d/b/a
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

300003440173--4

-10/26/00--01017--022

****155.00 ****155.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Private Card Systems, LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)



Walk in



Pick up time

10/26



Certified Copy



Mail out



Will wait



Photocopy



Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

00 OCT 26 PM 12:11
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
00 OCT 26 AM 10:57
DIVISION OF CORPORATION

APPROVED
AND
FILED

Examiner's Initials

[Handwritten Signature]

ARTICLES OF ORGANIZATION
OF
PRIVATE CARD SYSTEMS, LLC
(A FLORIDA LIMITED LIABILITY COMPANY)

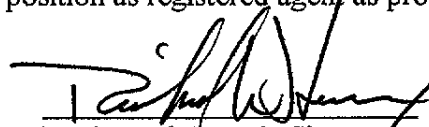
The undersigned, an authorized natural person, for the purpose of forming a limited liability company, under the provisions and subject to the requirements of the State of Florida pursuant to Section 608.407 of the Florida Statutes, hereby certifies that:

ARTICLE I: The name of the limited liability company (hereinafter called the "limited liability company") is **PRIVATE CARD SYSTEMS, LLC.**


ARTICLE II: The mailing address and street address of the principal office of the limited liability company is: 2671 Port St. Lucie Boulevard, Port St. Lucie, Florida 34953.

ARTICLE III: The name and Florida street address of the limited liability company 's registered agent is: Mr. Richard W. Heroux, 2671 Port St. Lucie Blvd., Port St. Lucie, Florida 34953.

Having been named as registered agent and to accept service of process for the above stated limited liability company 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 statutes 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 as provided for in Chapter 608, F.S.


Registered Agent's Signature

ARTICLE IV: The limited Liability company is a manager-managed company.


Richard W. Heroux

October 28, 2000

APPROVED
AND
FILED
00 OCT 26 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA